

1755A

Department of
Health & Mental
Hygiene, Vital Records
Birth Certificates
Baltimore City

STATE OF MARYLAND

FILE ARRANGEMENT

Numerical Order

*Some Birth Certificates
are missing at time of
filming and have been
Lost*

STATE OF MARYLAND

CERTIFICATION

This is to certify that the microphotographs appearing
on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City

(Name of file)

of DHMH Vital Records

(Agency)

This microfilming is being performed with the assistance
of the Hall of Records Commission, Records Management Division.
(Chapter 436, Acts of 1953).

Sunhild D Bolander

Date July 27, 1978

STATE OF MARYLAND

month, and slight sex forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of its birth, and the date of its registration. In case the birth of any child shall day of each and every birth, and the date of its registration, shall be in the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 4th 1894*
4. Place of Birth, (Street and Number) *1510 S. Bay St*
5. Full Name of Mother, *Annie M. Herbert*
6. Mother's Maiden Name, *Stitt*
7. Mother's Birthplace, *Balt'm*
8. Full Name of Father, *George J. Herbert*
9. Father's Occupation, *Prosser*
10. Father's Birthplace, *Balt'm*
- Name of Medical Attendant, or other person who makes this Return, *S. H. Seligman M.D.*
- Address, *1510 S. Bay St*
- Remarks, *18940002007*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7 *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

8 9 4 0 0 0 2 0 0...8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of a month, the practitioner shall deliver the same to the office of the Commissioner of Health on the first day of the following month. No other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to cause the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over RETURN OF A BIRTH. 55229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
 name Susie Snittle Edgar
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 10th 1894
 4. Place of Birth, (Street and Number) 1439 S. Rogers St
 5. Full Name of Mother, Ethelma S. Edgar
 6. Mother's Maiden Name, Tucker
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, James H. Edgar
 9. Father's Occupation, Mariner
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, W. H. Edgar M. D.
 Address, 1571 S. Rogers St.
 Remarks,

18940002009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation.

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 2 0 1

[illegible]

RETURN OF A BIRTH. 55233

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

1. Sex, (state when female)
2. Race or Color, (if not of the white race).

3 Date of Birth,

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Name of Medical Attendant, _____
Address, 135 W. 2nd St. N. York, Pa.

Remarks,

8 7 4 0 0 0 2 0 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall be
been conferred) its sex, color, the full name and occupation of its mother, and the date of its birth, and the date of the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
occurs on the first day of a month, the practitioner or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately after the birth of the child, shall report the same to the Commissioner of Health, in the manner and within the period now and hereafter provided, and such
child to report its birth to the Commissioner of Health. In the manner and within the period now and hereafter provided, and such
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940002014

CERTIFICATE CORRECTED 3-24-60
RETURN OF A BIRTH.

55236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Louise Ziegler
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Female

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) March 31, 1894
3. Date of Birth, St. Louis, Mo. - Wisconsin Ave
4. Place of Birth, (Street and Number) Mary Ziegler
5. Full Name of Mother, Bauer
6. Mother's Maiden Name, Balt.
7. Mother's Birthplace, Frederick Ziegler
8. Full Name of Father, Carl Bauer
9. Father's Occupation, Germany
10. Father's Birthplace, 224 E. 1st St. N.E.

Name of Medical Attendant, or other person who makes this Return, Dr. W. H. Sigman

Address, 134 V. Inger Dr.

Remarks, 8 9 4 0 0 0 3 0 1 6

[illegible]

RETURN OF A BIRTH. 53257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Georgianna Bond McNeely
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *March 4/94*
4. Place of Birth, (Street and Number) *816 Liscomb St*
5. Full Name of Mother, *Georgie McVally*
6. Mother's Maiden Name, *Bond*
7. Mother's Birthplace, *Balto Md*
8. Full Name of Father, *Harry McVally*
9. Father's Occupation, *Moulder*
10. Father's Birthplace, *Balto Md*
Name of Medical Attendant, or other person who makes this Return, *M. B. Billingsley*
Address, *1206 E. Preston St*
Remarks,

8 9 4 0 0 0 2 0 1 7

RETURN OF A BIRTH. 55238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female). *Male*

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 6th

4. Place of Birth, (Street and Number) 1416 Riverside Ave

5. Full Name of Mother, *Margaret Brown*

6. Mother's Maiden Name, Margaret L. Lewis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas M. Leary

9. Father's Occupation..... Paper Hanger

10. Father's Birthplace, *Balta*

Name of Medical Attendant, or other person who makes this Return

Address, 1828 Guilford St.

Remarks, *Barro Hill*

8 9 4 0 0 0 2 0 1 8

[illegible]

55-240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

or other person who makes this Return.

8 9 4 0 0 0 2 0 2 0

[illegible]

month, and shall set forth, in full, the name can be ascertained the full name of the child, the date and place of its birth, the sex, color, the full name of its parents, the date and place of its birth, the name of the medical attendant upon the mother, the name of the physician or practitioner of midwifery, of the birth of any child, and the name of the person who shall become the duty of the person or other person be in any such report his birth to the Commissioner of Health, in and within the period above required, such person shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 10th 1894

4. Place of Birth, (Street and Number) 1326 N. Carroll St.

5. Full Name of Mother, Mattie Green

6. Mother's Maiden Name, Mattie Ashton

7. Mother's Birthplace, Harford Co. Md.

8. Full Name of Father, Geo. W. Green

9. Father's Occupation, Pilot

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S. W. Cor. Calvert & Preston St.

Remarks,

18940002021

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been con-
ferred, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule
shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of
each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without
the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the
the birth of a child, the person attending the birth shall report the same to the Commissioner of Health, in the manner and within the period always required, and any such report or return to
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-12-56
RETURN OF A BIRTH 55-242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Magdalene Hohman
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, March 1/94
4. Place of Birth (Street and Number), 1313 Stockland St
5. Full Name of Mother, Barbara Hohman
6. Mother's Maiden Name, Barbara Sitz
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Hohman
9. Father's Occupation, Photographer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. S. Schell M.D.

Address, 1941 Druid Hill Ave

Remarks,

1 8 9 4 0 0 0 2 0 2 2

RETURN OF A BIRTH. 55243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks

nt, or other person who
makes this Return,

9 Sept 58

89400

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RETURN OF A BIRTH. 55244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940002024

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks

or other person who makes this Return.

1828 Light Lt

6940002025

12 9 4 0 0 0 2 0 2 5

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, 1019

Address,

Remarks,

[illegible]

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, who shall be responsible for its filing, and shall occur without the attendance of the patient, and shall be filed and entered in the office of the Commissioner of Health, and shall be subject to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Howard Leo Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 20th 1894

4. Place of Birth, (Street and Number) 1408 Halbrook

5. Full Name of Mother, Jessie Jones

6. Mother's Maiden Name, Bacon

7. Mother's Birthplace, England

8. Full Name of Father, Harry J. Jones

9. Father's Occupation, Clerk

10. Father's Birthplace, St. Marys Co. Md

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingsley

Address, 1206 E. Preston st

Remarks, _____

8940002027

RETURN OF A BIRTH. 55250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 23/94

4. Place of Birth, (Street and Number) 723 E. Poulton St

5. Full Name of Mother, Carrie Fisher

6. Mother's Maiden Name, Wilson

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, John Fickson

9. *Father's Occupation,* *Walter*

10. *Father's Birthplace,* Belts Md

Name of Medical Attendant, or other person who makes this Return.

Address, 1206 E. Proton St

Remarks,

8 9 4 0 0 0 2 0 3 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the date and place of its registration; and shall be signed by the practitioner in the form of a certificate, the birth of any child shall occur within such and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the time specified in this section shall be subject to the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 21 1898

4. Place of Birth, (Street and Number) 1818 Light St

5. Full Name of Mother, Bartha E. Schuler

6. Mother's Maiden Name, Bartha E. Schuler

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Schuler

9. Father's Occupation, Carter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. C. A. Brink

Address, 25 Light St

Remarks, Healthy

8 9 4 0 0 0 2 0 3 1

RETURN OF A BIRTH. 35252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 4 4 0 0 2 0 3 2

RETURN OF A BIRTH. 55253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25th 1894
4. Place of Birth, (Street and Number) 1910 Gough St
5. Full Name of Mother, Eliza Foster
6. Mother's Maiden Name, Medley
7. Mother's Birthplace, St Marys Co Md
8. Full Name of Father, James T. Castet
9. Father's Occupation, Carrier
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Ch. B. Billingsley
- Address, 1206 E. Preston St
- Remarks,

18940002033

RETURN OF A BIRTH. 55254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. March 26 1894

4. Place of Birth, (Street and Number) 393 Fort Ave

5. Full Name of Mother, Pauline P. Trust

6. Mother's Maiden Name, Pauline P. line

7. Mother's Birthplace, Balto

8. Full Name of Father, John C. Trust

9. Father's Occupation, Goldstar

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return.

Address, 1828 Light St

Remarks, Living Well

8940002034

until an adult set forth as the same can be ascertained the full name of each child if any shall have been conferred) may be delivered, duly signed by the full name and occupation of its mother, and the full name and occupation of the father, in the form of a certificate between the first and second day of each and every month to the Registrar of Vital Statistics, Board of Health, in case the child shall occur without the attendance of a physician or practitioner of midwifery, and no other person be in attendance upon its birth to the Commissioner of Health, immediately thereafter it shall be the duty of the person or persons be in attendance upon its birth to the Commissioner of Health, to comply with the provisions of this act, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), the name, occupation, and residence of its parents, the date and place of birth; and the date and place of delivery of each child, and the name, occupation, and residence of the person or persons who shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the name, occupation, and residence of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided for in and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Kinder

1. Sex, (state whether male or female)

Needchen

2. Race or Color, (if not of the white race)

Vays

3. Date of Birth,

28 March

4. Place of Birth, (Street and Number)

8 Anna St

5. Full Name of Mother,

Rejdy Mendkovska

6. Mother's Maiden Name,

Venklevic

7. Mother's Birthplace,

Prags

8. Full Name of Father,

Michael Mendkovsky

9. Father's Occupation,

arbajtr

10. Father's Birthplace,

Prags

Name of Medical Attendant, or other person who makes this Return,

Morris Press

Address,

1 Bond St. 838

Remarks,

18940002036

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been born, the date of birth, the name of the practitioner, and the date of the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person shall be liable to a fine of ten dollars for each child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 28th. 1894

4. Place of Birth, (Street and Number) 702 Dauphin St.

5. Full Name of Mother, Emma J. Kerns

6. Mother's Maiden Name, Emma J. Strobel

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, John Kern Jr.

9. Father's Occupation, Stone Manufacturer

10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brewster, M.D.

Address, S. W. corner Calvert & Preston Sts.

Remarks, _____

18940002037

55258

[illegible]

6 Kinder

Medchen

Vajis

✓ 29. Karv

Bank of 1231

King & Winterlain

Hayward, Ill.

Baltimore

Filip, Nizichayn

May 16

100-443886-1000

or other person who makes this Return.

Marie Frost

N. P. Bond 838

1 8 9 4 0 0 0 2 0 3 8

Section 1. The same shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. If any person shall be absent from the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such person or persons who shall hereafter fail to comply with the provisions of this section, to be fined not less than ten dollars, nor more than fifty dollars; such fine, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

8 9 4 0 0 0 2 0 3 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the names of the mother and child, the sex and race of the child, the date and place of birth, and the date and place of death, if the child has died, and the name of the physician or midwife attending the birth, and the name of the person or persons who shall be responsible for the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 31 1894

4. Place of Birth, (Street and Number) 1942 Light St

5. Full Name of Mother, Kate Leathel

6. Mother's Maiden Name, Kate Shurden

7. Mother's Birthplace, Balto

8. Full Name of Father, Robert N. Leathel

9. Father's Occupation, Labor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. E. A. Brasher

Address, 155 Light St

Remarks, Amey, Will

8 9 4 0 0 0 2 0 4 0

55262

55262

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

off white

3. Date of Birth,

March 1st 1894

4. Place of Birth, (Street and Number)

#500 S Lucy Ave Anne

5. Full Name of Mother,

Marguerite Watson

6. Mother's Maiden Name,

Mitchell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alexander B Watson

9. Father's Occupation

Traveling Salesman

10. Father's Birthplace,

New Jersey

Name of Medical Attendant, or other person who makes this Return,

W. M. Rankin M.D.

Address,

#811 Jefferson Ave Waverly Balto md

Remarks,

18940002041

RETURN OF A BIRTH. 55263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, ~~Feb 14 1882~~

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 2 0 4 2

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number) 1006 G. Grand St.

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 2 0 4 3

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of any month, the practitioner shall deliver the certificate to the Commissioner of Health, and shall attend upon the mother, immediately thereafter, it shall become the duty of the period or term of, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OVER TIME ADDED. 12-8-53
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Mae Little

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 2, 194

4. Place of Birth, (Street and Number)

Baltim. N. Northfort. Ave No. 235

5. Full Name of Mother,

Mrs. Harome Little

6. Mother's Maiden Name,

Mrs. Harome Leonard

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr. Edward Little

9. Father's Occupation

Baltimore Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs. Josephine Kueger

Address,

No 2026 E. Fayette St Baltimore Md

Remarks,

0 7 4 0 0 0 2 0 4 4

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, who shall cause the birth of any child to be recorded upon the birth record, and shall immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 2, 1894

4. Place of Birth, (Street and Number) East Hill St Balto

5. Full Name of Mother, Katie Croning

6. Mother's Maiden Name, Katie Conley

7. Mother's Birthplace, Balto Md

8. Full Name of Father, John Croning

9. Father's Occupation, Fireman

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Anne Taylor

Address, # 41 Gilford Alley

Remarks, _____

18940002045

RETURN OF A BIRTH. 53267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race).

3. Date of Birth, 4 March

4. Place of Birth, (Street and Number).....1012 Eagan

5. Full Name of Mother, Clara Huhn

6. Mother's Maiden Name, Hinder vatter

7. Mother's Birthplace, Bell

8. Full Name of Father, John Huber

9. *Father's Occupation*

10. *Father's Birthplace,* Ball

Name of Medical Attendant, or other person who makes this Return. Anna Wells

Address, 928 N. Central Ave.

Remarks,

8 7 4 0 0 0 2 0 4 6

[illegible]

RETURN OF A BIRTH. 55268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 4. *March*

4. Place of Birth, (Street and Number)----- 15-21 Carlisle st

5. Full Name of Mother, Katherine Reimuller

6. Mother's Maiden Name, Greenlee

7. Mother's Birthplace, Calif.

8. Full Name of Father, John Reimuller

9. *Father's Occupation.*

10. *Father's Birthplace,* Ed.

Name of Medical Attendant, or other person who makes this Return, Anna Walsh

Address, 998 N. Canal Ave.

Remarks.

8 9 4 0 0 0 2 0 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 55270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 5th 1899

4. Place of Birth, (Street and Number)

Leaking Lane Corner

5. Full Name of Mother,

Mary Lynck

6. Mother's Maiden Name,

Billie

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Lynck

9. Father's Occupation

Brass Finisher

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

R. W. Rankin M.D.

Address,

4811 Jefferson Ave Waverly Balto. Md.

Remarks,

8940002049

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if more than one) have been conferred its sex, color, the full name and occupation of the father, the full name and occupation of the mother, the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the mother and become responsible for the child, and shall be liable to report its birth to the Registrar of Vital Statistics, and within the period above required, and child to report its birth to the Registrar of Vital Statistics, and within the period above required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of every month, to the Registrar of Vital Statistics, who shall assign to every child a number, which shall accompany it throughout its life, and the practitioner or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940002050

55272

RETURN OF A BIRTH. 55272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 60 1
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 9 March
4. Place of Birth, (Street and Number) 1231 Leager St.
5. Full Name of Mother, Margie Muller
6. Mother's Maiden Name, Schriefer
7. Mother's Birthplace, Balt.
8. Full Name of Father, Charles Muller
9. Father's Occupation, =
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Anna Walker
- Address, 928 N. Cal St.
- Remarks, _____

8940002051

month, and shall set forth as far as the same can be ascertained the full name of each child if usually been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of the above-mentioned items, and shall be retained by the practitioner for a period of one year after the date of its issue, and shall be subject to the examination of the Registrar of Vital Statistics, who shall have the right to require the production of the same at any time. If the practitioner shall fail to comply with the above requirements, he shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court of Common Pleas for the City and County of Baltimore. The Registrar of Vital Statistics shall have the right to require the production of the same at any time. If the practitioner shall fail to comply with the above requirements, he shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court of Common Pleas for the City and County of Baltimore. The Registrar of Vital Statistics shall have the right to require the production of the same at any time. If the practitioner shall fail to comply with the above requirements, he shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court of Common Pleas for the City and County of Baltimore.

RETURN OF A BIRTH. 55274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, Feb 9/1904
 4. Place of Birth, (Street and Number) 525 E. Chen St.
 5. Full Name of Mother, Mary A. Holden
 6. Mother's Maiden Name, " Doory
 7. Mother's Birthplace, Beullo.
 8. Full Name of Father, Peter Holden
 9. Father's Occupation, clerk
 10. Father's Birthplace, Beullo.
 Name of Medical Attendant, or other person who makes this Return, Edmund J. Madrell
 Address, Los Angeles Ca
 Remarks, _____

8 9 4 0 0 0 2 0 5 3

Not of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any person failing to do so for each offence to be recovered as other fines and forfeitures are recoverable, shall be subjected to the fine of ten (10) dollars.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Col

3. Date of Birth

March 9th 1894

4. Place of Birth, (Street and Number)

No 16. Church st

5. Full Name of Mother,

Babe ~~Bailey~~ Mothers

6. Mother's Maiden Name,

Bailey

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

William Mothers

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Margreth Grigg

Address,

127. Winter street Balto Md

Remarks,

8940002054

months, and shall set forth as far as the same can be ascertained, the full name of each child, (if any) shall have been conferred, shall be delivered, duly as the practitioner in the delivery of the child, or the person be in attendance upon the mother, immediately after birth, in the manner and to the effect of the provisions of this section, and shall not be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55276 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 10 1894

4. Place of Birth, (Street and Number) Baltimore Md. No. 214

5. Full Name of Mother, Mrs. Elizabeth Schmuck

6. Mother's Maiden Name, Mrs. Elizabeth Krueger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mrs. Henry Schmuck

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Josephine Krueger

Address, No 2026 E. Fayette St. Balt. Md.

Remarks, _____

18940002055

any person who shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and sex of each child, the date and place of birth; and the said certificate shall be delivered, duly signed by the Commissioner of Health, in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first or third day of each month, the attendance of a physician or practitioner of midwifery or other person authorized by the Commissioner of Health to attend upon the mother, immediately thereafter, it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if such person or persons fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Male
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 10, 1894

4. Place of Birth, (Street and Number)

406 Broadway, New York

5. Full Name of Mother,

Margaret M. Crawford
Gosnell

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balto

8. Full Name of Father,

George Crawford
Railroading

9. Father's Occupation,

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

J. H. Crouch
Eagles & Wilcox

Address,

Remarks,

18940002056

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of delivery, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to file a copy of this report with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-6-55

RETURN OF A BIRTH. 55278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Carrollton Long, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 1. Sex, (state whether male or female) *Male*
- 2. Race or Color, (if not of the white race) *White*
- 3. Date of Birth, *March 11 1894*
- 4. Place of Birth, (Street and Number) *46 W. 4th St. Ave. Anne Arundel*
- 5. Full Name of Mother, *Mary F. Long*
- 6. Mother's Maiden Name, *Michels*
- 7. Mother's Birthplace, *Pennsylvania*
- 8. Full Name of Father, *Frank C. Long*
- 9. Father's Occupation, *Paper Hanger*
- 10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *R. P. Rankin M.D.*

Address, *Waverly Station Baltimore*

Remarks,

8940002057

RETURN OF A BIRTH. 55299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 12th - 1894

4. Place of Birth, (Street and Number) 1421 Edmonson Ave

5. Full Name of Mother, Mary B McDowell

6. Mother's Maiden Name, Beall

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo W McDowell

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W B Perry M.D.

Address, 700 E. E. Lane St.

Remarks,

18940002058

RETURN OF A BIRTH. 55280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name of each child (if any shall have been conferred) its sex, color, the full name of its parents, the date and place of birth: and the said schedule shall be delivered to the Office of the Registrar of Vital Statistics, Baltimore City, on the third day of the month following the month in which the birth occurred, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons failing to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 7

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 12th 1894.

4. Place of Birth, (Street and Number) 618 N Chapel St.

5. Full Name of Mother, Barbara Nagel

6. Mother's Maiden Name,

7. Mother's Birthplace, Bohemian

8. Full Name of Father, George Nagel

9. Father's Occupation, Taylor

10. Father's Birthplace, Bohemian

Name of Medical Attendent, or other person who makes this Return, Mary Kaptis

Address, 206 N Washington St.

Remarks,

1 8 9 4 0 0 0 2 0 5 9

month, and shall set forth as far as may be ascertained, the date and place of birth; and the person so registered shall be delivered, duly signed by the practitioner in the form of a certificate of birth, which shall be retained by the Registrar of Vital Statistics, and the third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance, the attendance of the midwife, and the duty of the person or persons of such attendance shall be to report its birth to the Commissioner of Health, in the manner and within the period prescribed in this section, and if any person or persons fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55281 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

12

4. Place of Birth, (Street and Number)

11 W York St

5. Full Name of Mother,

Agnis Sinney

6. Mother's Maiden Name,

Agnis Robert 30

7. Mother's Birthplace,

Eastenshore Virginia

8. Full Name of Father,

Charles Sinney 37

9. Father's Occupation,

labor

10. Father's Birthplace,

Eastenshore Virginia

Name of Medical Attendant, or other person who makes this Return,

Mary Maker

Address,

11 W York

Remarks,

Minnie Deane

6440002060

552 FL

The said name, as far as the same can be obtained, shall be entered in the full name and occupation of its parents, the date and place of birth; and if it has been conferred by sex, color, the full name and occupation of its parents, the date and place of birth; and a full schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother immediately thereafter, the father and the persons or parents of such child shall be liable to pay a fine of ten dollars for each and every such offence, and without the payment of which person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence to be covered as other fines and forfeitures are recoverable.

Remarks,

8 9 4 0 0 0 2 0 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. March 13th - 1890
4. Place of Birth, (Street and Number) 714 E. Chase St.
5. Full Name of Mother, Mary Hannah
6. Mother's Maiden Name, Freigher
7. Mother's Birthplace, Wagon Co. Pa
8. Full Name of Father, Colman C. Hannah
9. Father's Occupation, Cloth Cutter
10. Father's Birthplace, Philadelphia Pa
- Name of Medical Attendant, W. B. Roney, M.D. or other person who makes this return.
- Address, 708 E. Chase St.
- Remarks, _____

8 9 4 0 0 0 2 0 6 2

month, and shall set forth as far as the name can be ascertained, the full name of each child, (if any) shall have been conferred, its sex, color, the full name and occupation of its parent, and the date of birth, and the date of the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur on the first day of a month, the certificate shall be delivered on the first day of the following month. No other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person so present to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Kind.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W. J.*

3. Date of Birth. *13th Mar*

4. Place of Birth, (Street and Number) *S. Bond St. 838*

5. Full Name of Mother, _____

6. Mother's Maiden Name, *Anie Forniake*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, _____ or other person who makes this Return.

Address, *Meri Press*

Remarks, *S. Bond St. 838*

18940002063

RETURN OF A BIRTH. 55285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall be delivered, duly signed by the practitioner of health, or should the child be born at home, by the mother, or the father, or the person who shall have the custody of the child, to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

18940002064

This schedule shall contain a list of the births which have occurred under his or her care during the year ending on the 31st of December, and shall be signed by the Registrar of Health, and the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the date and place of its death, if it shall have died before the third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and the mother shall comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 Sex, (state whether male or female) Boy
 Race or Color, (if not of the white race) _____
 Date of Birth, 14 March
 Place of Birth, (Street and Number) 915 Eden St.
 Full Name of Mother, Margie Voppenberger
 Mother's Maiden Name, W. Goch
 Mother's Birthplace, Balt.
 Full Name of Father, Joseph Voppenberger
 Father's Occupation _____
 Father's Birthplace, Balt.
 Name of Medical Attendant, or other person who makes this Return, Anna Walker
 Address, 928 N. Central Ave.
 Remarks, _____
18940002065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 55-288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...2.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 14th 1894
4. Place of Birth, (Street and Number) 1327 Shuld Alley
5. Full Name of Mother, Sarrash Geist
6. Mother's Maiden Name, Sarrash Peck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Geist
9. Father's Occupation, Wagon
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Walter Catance
Address, 509 Preston St
Remarks, _____

8 9 4 0 0 0 2 0 6 7

RETURN OF A BIRTH. 55289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 14th

4. Place of Birth, (Street and Number) 812 Whatcoat St

5. Full Name of Mother, Sally E. Sutton

6. Mother's Maiden Name, Sally Treadwell

7. Mother's Birthplace, Edinston N.C.

8. Full Name of Father, Edmund H. Sutton

9. Father's Occupation, Janitor

10. Father's Birthplace, Perquimans County N.C.

Name of Medical Attendant, or other person who makes this Return, Mary H. Jones

Address, 1121 Saratoga St.

Remarks, _____

1 8 9 4 0 0 0 2 0 6 8

and the mother, or father, or other person who makes this Return, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

and the mother, or father, or other person who makes this Return, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

8 9 4 0 0 0 2 0 6 9

[illegible]

RETURN OF A BIRTH. 53291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

D. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 7 4 0 0 0 2 0 7 0

RETURN OF A BIRTH. 55292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex: (state whether male or female)

4. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name*

7. *Mother's Birthplace.*

8. Full Name of Father

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.

8 9 4 0 0 0 2 0 7

ascertained the full name of each child (if any) shall have been conferred, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother or person who shall have delivered the child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall pay to the said Commissioner a fee of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁵⁵²⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th March 1894
4. Place of Birth, (Street and Number) 1324 N. Fremont Ave.
5. Full Name of Mother, Mary Kuehl
6. Mother's Maiden Name, Mary Wehr
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Louis Kuehl
9. Father's Occupation, Provision Dealer
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return, Margaret Bacon M.D.
- Address, 1337 W. North Ave.
- Remarks, _____

1 8 9 4 0 0 0 2 0 7 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the midwife, or other person who is authorized to attend on such cases, shall be bound to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Roger Bernard Copinger
30

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March 17 94

4. Place of Birth, (Street and Number)

1007 Arzyle ave

5. Full Name of Mother,

Mrs. Mary M. Copinger

6. Mother's Maiden Name,

" " May

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Chas. L. Copinger

9. Father's Occupation

Prof. of French Language

10. Father's Birthplace,

France

Name of Medical Attendant, or other person who makes this Return,

T. C. Worthington

Address,

840 W. Fayette St

Remarks.

GIVEN NAME ADDED 3-29-54

8440002073

RETURN OF A BIRTH. 53 296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 2 0 7 5

[illegible]

month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, date and place of birth, and the name of the person who attended the birth, and the date and place of the first certificate between the first and third day of each and every month to the official or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be fined or imprisoned for each offence, to be recovered as other fines and forfeitures are recoverable, and shall be liable to the fine of ten (\$10) dollars for each offence.

RETURN OF A BIRTH. 55297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940002076

RETURN OF A BIRTH. 55298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 19

4. Place of Birth, (Street and Number) 1323 What coat street

5. Full Name of Mother, Elizabethe Bruce

6. Mother's Maiden Name, Elizabethe Thompson

7. Mother's Birthplace, Marietta, W. Va. Howard County Md

8. Full Name of Father, Charles Howard Bruce

9. Father's Occupation, Teamster

10. Father's Birthplace, Scots Level Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 What coat street

Remarks, _____

8940002077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been changed in sex, color, the full name can be inserted in the name of said child, if any, shall have said machine stamp duly signed by the Commissioner of Health, and the attendance upon the birth of such child shall be reported to the Commissioner of Health, in the manner and within the time provided for in the provisions of this section required and assessed to the fee of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____ Female
White

3. Date of Birth, _____

4. Place of Birth, (Street and Number) 118 W. L.

5. Full Name of Mother, Miss. R. L. Lombard

6. Mother's Maiden Name, Mary Roberts

7. *Mother's Birthplace.*

8. Full Name of Father, New Jersey

9. Father's Occupation.....

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return, C. S. Lee

Address, _____

Remarks, *11.3 W Turn back*

8 9 4 0 0 0 2 0 7 9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks.

8 9 4 0 0 2 0 8 0

RETURN OF A BIRTH. 053
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

months and shall set forth as far as the facts in the case can be ascertained the full names, ages, sex, color, and other distinguishing characteristics of each child, if any, during the said calendar year, and, together with the name and address of the person or persons who immediately thereafter became the parent or parents of such child, shall be signed by the person or persons who immediately thereafter became the parent or parents of such child, and shall be filed with the office of the Commissioner of Health, in the city of New York, in the form of a certificate of birth; and the attendance upon the birth of such child shall be reported to the office of the Commissioner of Health, in the city of New York, by the person or persons who immediately thereafter became the parent or parents of such child, and the person or persons who immediately thereafter became the parent or parents of such child shall be liable to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 May 1894
4. Place of Birth, (Street and Number) 121 Duane St
5. Full Name of Mother, Erica Schuch
6. Mother's Maiden Name, Erica St Korman
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius Schuch
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Alfred S. Sutoris
- Address, 121 Duane St
- Remarks,

8 9 4 0 0 0 2 0 8 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address:

Remarks,

8 9 4 0 0 0 2 0 8 2

RETURN OF A BIRTH. 53304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

2. *Race or Color, (if not of the white race).*

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

8 9 4 0 0 0 2 0 8 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. Full Name of Father

9. *Father's Occupation*10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address

Remarks.

8 9 4 0 0 0 2 0 8 4

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name of its parents, the date and place of birth; and the said certificate shall also contain a statement of the date of the birth of such child, and the said certificate shall be signed by the practitioner in the form of a certificate between the first and second signatures shall be every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or the person or persons of such attendance upon the mother, immediately thereafter the father or the person or persons of such attendance shall report to birth to the Commissioner of Health, in the manner and within the period above required, and if any such person so failing to comply with the provisions of this section, shall be subject to a fine of not more than one hundred dollars, hereafter such offense, to be considered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 553.6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 26, 1892

4. Place of Birth, (Street and Number) Barrys Lane

5. Full Name of Mother, Mrs. Beate Caroline Greene

6. Mother's Maiden Name, Mrs. Martin Caroline Malle

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Levin J. Green

9. Father's Occupation, Trucker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. E. H. Hays

Address, Barroll Post office

Remarks, _____

1 8 9 4 0 0 0 2 0 8 5

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or parent of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—

1. *Sex.* (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8940002086

any such person or persons who shall be guilty of such offence, to be recovered as other fines and forfeitures are recoverable, excepted to the one of ten (10) dollars in each offence.

RETURN OF A BIRTH. 53 308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Chond

3. Date of Birth, March 22nd 1894

4. Place of Birth, (Street and Number) 1414 W. 3rd St. (W)

5. Full Name of Mother, Catherine Russell

6. Mother's Maiden Name, Gillies

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Kirk Russell

9. Father's Occupation, *Steamer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 2 0 8 7

month, and shall set forth as far as the same can be ascertained the full names of each child, if any shall have been conferred) to sex, color, the fully stated date of birth, the date and place of birth, and the date of the third day of each and every month by the practitioner in the form of "certificate between the first and third day of each and every month to the office of the Commissioner of Health." In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or persons of such attendance appearing to the Commissioner of Health, in the manner and within the period above required, and in the manner and within the period above required, to comply with the provisions and forfeitures are recoverable, any such person or persons who shall hereafter fail to comply with the provisions and forfeitures are recoverable, to the tune of ten (10) dollars each offense, to be recovered as a civil action.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 22 - 94*
4. Place of Birth, (Street and Number) *1811 W. Lombard St.*
5. Full Name of Mother, *Mary Bailey*
6. Mother's Maiden Name, *Mary Pickett*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George W. Bailey*
9. Father's Occupation, *Collector*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Sarah E. Stetson*
- Address, *2206 Ohio St.*
- Remarks, _____

8 9 4 0 0 0 2 0 8 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the child, including shall be delivered, duly to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 2 0 8 9

RETURN OF A BIRTH. 55311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 22nd 1894

4. Place of Birth, (Street and Number) Baltimore N. Washington No 121

5. Full Name of Mother, Mrs Katie Denk

6. Mother's Maiden Name, Mrs Katie Gray

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mrs John Denk

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Jose Krueger

Address, No 2026 E. Fayette St. B. Md.

Remarks, _____

18940002090

RETURN OF A BIRTH. 583/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 2 0 9

been conferred) its sex, color, the full name and age of the child, the date and place of birth; and the day of the month in which the child was born, and the name of the physician or practitioner of health, in the case of any child born in the city of Baltimore, who shall be present at the birth, and who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the case of any child born in the period above required, and who shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) _____
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 22nd 1894*
4. Place of Birth, (Street and Number) *2122 Orleans St.*
5. Full Name of Mother, *Francis Klada*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *Harley Klada*
9. Father's Occupation, *Shoe Maker*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other person who makes this Return, *Alcary Koptis*
- Address, *205 N Washington St.*
- Remarks, _____

1 8 9 4 0 0 0 2 0 9 2

RETURN OF A BIRTH. 55314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 23 March 1852

4. Place of Birth, (Street and Number) 3154 Chandler Tr.

5. Full Name of Mother, Reenie Brashe

6. Mother's Maiden Name, Goldberg

7. Mother's Birthplace, Mass.

8. Full Name of Father, Col. Kravsky

9. Father's Occupation Logan, Quaker

10. *Father's Birthplace.* Ohio

Name of Medical Attendant, or other person who makes this Return, E. J. Palmer

Address, 421 Adams St.

Remarks, _____

[illegible]

RETURN OF A BIRTH. 53315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 23 1894

4. Place of Birth, (Street and Number) 1306 Hansen St

5. Full Name of Mother, Ella Christopher

6. Mother's Maiden Name, Blumline

7. Mother's Birthplace, Dredk Co

8. Full Name of Father, William A Christopher

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Jeff MD

Address, 701 N Convent Ave

Remarks, T 8 9 4 0 0 0 2 0 9 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Fult Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant.

or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 2 0 9 5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex. (state whether male or female)

1. Sex. (state whether male or female)

Color (if not of the white race).

3. Date of Birth,..... March 24

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*—

8. *Full Name of Father,*

9. Father's Occupation -
Birthplace -

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Name of Animal _____
Address, B. & C. R. Reported

Remarks, Wife and the a
No. 8 Br 40

Mr. J. F. Smith

[illegible]

month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of the mother, the place of birth; and the said schedule shall be delivered, duly signed by the mother, in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the aid of a physician or practitioner of midwifery, or should no other means of such shall occur within the time specified, the mother, immediately thereafter it shall become the duty of such child to report its birth to the Commissioner of Health, and the mother shall comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 12-10-32
 RETURN OF A BIRTH. 55318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

India Roland Parker
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)..... from female
2. Race or Color, (if not of the white race)..... colored wcol
3. Date of Birth,..... Tuesday, March the 24 th 1894
4. Place of Birth, (Street and Number)..... Baltimore Md Spanish 1117 Fairdale
5. Full Name of Mother,..... Sarah Parker
6. Mother's Maiden Name,..... Sarah Bilor
7. Mother's Birthplace,..... Calvert county Co Md
8. Full Name of Father,..... Jeday cian Parker
9. Father's Occupation..... teamster in coal yard
10. Father's Birthplace,..... Calvert Co Md
- Name of Medical Attendant, or other person who makes this Return,..... Sarah Roland Winick
- Address,..... 1618 N. My
- Remarks,.....

18940002097

been conferred in its sex, color, the full name and occupation of its parent, and the name of the physician or midwife, or other person who attended the birth, and the date of birth, and the date of the certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should occur upon the mother, immediately thereafter it shall become the duty of such child to report its birth to the Commissioner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 25/94

4. Place of Birth, (Street and Number) 112 Asylum St.

5. Full Name of Mother, Mary A. Michaels

6. Mother's Maiden Name, " " Lewis

7. Mother's Birthplace, Balt.

8. Full Name of Father, William J. C. Michaels

9. Father's Occupation, Ship Broker

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Edwin M. Driscoll

Address, 108 Asylum St.

Remarks,

8940002098

RETURN OF A BIRTH 55320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race).

2. Race or Color, (if not of the white race)

3. Date of Birth, March 26th 1894

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Caroline Esquer

6. *Mother's Maiden Name,*

7. Mother's Birthplace, ... *12 Elmwood*

8. Full Name of Father, Burgess, W. Cagwin

9. Father's Occupation, *Life Holsten*

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, 800 N Broadway

Remarks,

8 9 4 0 0 0 2 0 9 9

month, and shall act forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its mother, the name of the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person immediately above required, and any such person or persons, who fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 35321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First born

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 26, 1894

4. Place of Birth, (Street and Number) No. 632 E. Pratt St.

5. Full Name of Mother, Laura M. Benson

6. Mother's Maiden Name, Stapp

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, William H. Benson

9. Father's Occupation, Milkman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. C. B. Cray

Address, C. Cray, Midway

Remarks, _____

18940002100

RETURN OF A BIRTH. 55322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)— White

3. Date of Birth, March 27 1914

4. Place of Birth, (Street and Number) - Baltimore, Md. No. 207

5. Full Name of Mother, Mrs. Kate H. Smith

6. Mother's Maiden Name, Mrs. Kati ~~Leung~~ Gault

7. Mother's Birthplace, Italy Europe

S. Full Name of Father, Mr Edward Russell

9. Father's Occupation 6. Clerk

10. Father's Birthplace, Ouray

Name of Medical Attendant, or other person who makes this Return. Mrs. Caroline K. Seeger

Address, ... No 2026 C. Fayette St. Balt. Md.

Remarks.

8940002101

RETURN OF A BIRTH. 55323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health, in case the birth of the child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons be in attend to report its birth to the Commissioner of Health, in the manner and within the period above required, and subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 Child*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *27 March*
 4. Place of Birth, (Street and Number) *1011 Randolph St*
 5. Full Name of Mother, *Nora Hauer*
 6. Mother's Maiden Name, *Gundert*
 7. Mother's Birthplace, *Balt*
 8. Full Name of Father, *John J. Hauer*
 9. Father's Occupation, *Stationer*
 10. Father's Birthplace, *Balt*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. L. S. Brock*
 Address, *1828 Guilford St*
 Remarks, *10 days ill*
 1 8 9 4 0 0 0 2 1 0 2

RETURN OF A BIRTH. 55324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 28th 1894
4. Place of Birth, (Street and Number) 544 Preston St
5. Full Name of Mother, Minnie Hammond
6. Mother's Maiden Name, Annie Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Hammond
9. Father's Occupation, Chester
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Chester Volance
- Address, 544 Preston St
- Remarks, _____

18940002103

month, and shall set forth as far as the same can be ascertained the full name of each child (if any, shall have been conferred) its sex, age, and occupation of its parents, the date and place of birth of the first and second child of each, and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, or of a midwife, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period as provided in any act or laws or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable,

RETURN OF A BIRTH. 55325-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 29th 1894.

4. Place of Birth, (Street and Number) 158 Woll St.

5. Full Name of Mother, Beddie Rocka

6. Mother's Maiden Name,

7. Mother's Birthplace, Bohemian

8. Full Name of Father, Charles Rocka

9. Father's Occupation, Painter

10. Father's Birthplace, Bohemian

Name of Medical Attendent, or other person who makes this Return, Mary Kapt

Address, 205 N Washington St

Remarks,

18940002104

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. *Date of Birth.*4. *Place of Birth. (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks

8 9 4 0 0 0 2 1 0 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

20th Mar

4. Place of Birth, (Street and Number)

Bed St. 504

5. Full Name of Mother,

Frenci Michlinska

6. Mother's Maiden Name,

Chagdykovski

7. Mother's Birthplace,

Crajan

8. Full Name of Father,

Jagub Michlinsky

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Crajan

Name of Medical Attendant, or other person who makes this Return,

Marie Press

Address,

828 Bond St.

Remarks.

8940002106

been conferred; its sex, color, its family, signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of stillbirth, no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not less than ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father, ..

9. *Father's Occupation,*...

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

8940002107

[illegible]

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55329

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex (state whether Male or Female)...

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 30 - 5 A.M. 1894

4. Place of Birth (Street and Number)

2108 E. Pratt St

5. Full Name of Mother

Emma Laynea Krieger

6. Mother's Maiden Name

E. L. Kaylor

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Federick Wm. Krieger

9. Father's Occupation

Grocer

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return.

James E. Dwinelle M.D.

Address

761 Baltimore St East

Remarks

18940002108

RETURN OF A BIRTH. 55330
 General Statistics Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female)

3. Date of Birth, 7/21/13 Da

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, _____

Remarks,

~~1-8940002109~~

RETURN OF A BIRTH. 55331 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 31st 1894.

4. Place of Birth, (Street and Number) 1825 N Dallas st. Baltimore Md

5. Full Name of Mother, Emma A D Grimm

6. Mother's Maiden Name, Emma A D Marbert

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, George Grimm

9. Father's Occupation, Baker baker

10. Father's Birthplace, New York City N.Y.

Name of Medical Attendant, or other person who makes this Return, Mrs M Foster

Address, 1600 East Sarval st

Remarks,

8940002110

RETURN OF A BIRTH 55332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, 25 March 1894

4. Place of Birth, (Street and Number) 112 Sans St.

5. Full Name of Mother, Anna Spon

6. Mother's Maiden Name, Anna Lange

7. Mother's Birthplace, Leipzig, Saxony

8. Full Name of Father, Wilhelm Spon

9. Father's Occupation, Merchant

10. Father's Birthplace, Hanover, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Reinke

Address, 220 W. Madison Street

Remarks,

8940002111

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the schedule, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, and shall secure without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such fee as may be prescribed by the Board of Health, and the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH. 55333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 2 1 1 2

RETURN OF A BIRTH. 33334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)... Male.
2. Race or Color, (if not of the white race)... White.
3. Date of Birth... Mar. 5, 1914.
4. Place of Birth, (Street and Number)... 431 E. North Ave.
5. Full Name of Mother... Susan R. Jenkins.
6. Mother's Maiden Name... " " Hill.
7. Mother's Birthplace... Baltimore.
8. Full Name of Father... George B. Jenkins.
9. Father's Occupation... Salesman.
10. Father's Birthplace... Memphis, Tenn.

Name of Medical Attendant, or other person who makes this Return.

Address, 1121 167 Avenue S1

Remarks.

8940002113

been conferred in a sex, color, the full name and occupation of the parents, the name of the child, if any, shall be entered in the said certificate. The said certificate shall be delivered to the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth of a child, the said certificate shall be delivered to the office of the Commissioner of Health, in the manner and within the period above specified, by the parent or the mother of the child to report its birth to the Commissioner of Health. In the case of any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
 1. Sex, (state whether male or female) Female.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, March 7, 1894.
 4. Place of Birth, (Street and Number) 1105 N. Lough St.
 5. Full Name of Mother, Mary G. Hebler.
 6. Mother's Maiden Name, " " Stenger.
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, Louis B. Hebler.
 9. Father's Occupation, Painter.
 10. Father's Birthplace, Balto.
 Name of Medical Attendant, or other person who makes this Return, Dr. H. Hartman M.D.
 Address, 1121 W. Caroline St.
 Remarks, _____

18940002114

RETURN OF A BIRTH. 55336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 2 1 1 5

mon a sin shall let birth as far as the same can be ascertained, the full name of each child as any child have been conferred its sex, color, the full name and occupation of the father, and the date and place of birth; and the said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any or parents of such child report its birth to the Commissioner of Health, he shall be liable to a fine of ten dollars for each offence, and shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 55337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Lf 1st*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *April 1st 1894*

4. Place of Birth, (Street and Number) *1149 Fairbank St.*

5. Full Name of Mother, *Therese Dwyer*

6. Mother's Maiden Name, *Therese Dwyer*

7. Mother's Birthplace, *London on Tms*

8. Full Name of Father, *John Dwyer*

9. Father's Occupation, *Laundry*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other person who makes this Return, *Henry Dwyer*

Address, *177 Columbia St.*

Remarks, _____

8940002116

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) shall have been conferred, its sex, color, the full name and occupation of its mother, and the date of its birth, and shall be in the form of a certificate between the first and said certificate shall be delivered, duly filled out, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending the mother to report its birth to the Commissioner of Health, and to comply with the provisions of this section above required and any such person or persons failing to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 1st 94
 4. Place of Birth, (Street and Number) 911 Granby St
 5. Full Name of Mother, Fannie Walker
 6. Mother's Maiden Name, Jennie Bauch
 7. Mother's Birthplace, Baltimore M^d
 8. Full Name of Father, Heerman Walker
 9. Father's Occupation, Teamster
 10. Father's Birthplace, Baltimore M^d
 Name of Medical Attendant, or other person who makes this Return, Mary Engelhart
 Address, 1712 Easton Ave
 Remarks,

8940002118

GIVEN NAME ADDED 7-13-49

RETURN OF A BIRTH. 55341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Laura V. ~~Shaney~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

⑩ Tenth

1. Sex, (state whether male or female)...

Female.
White

2. Race or Color, (if not of the white race)

White

3. *Date of Birth.*

April 1st

4. *Place of Birth, (Street and Number).*

1146 traction lane

5. Full Name of Mother, -

Lizzie B. Shaney

6. *Mother's Maiden Name,*

Lizzie A. Fry

7. *Mother's Birthplace,*...

Baltimore

8. Full Name of Father,--

John H. Shaney

9. *Father's Occupation.*

Yatchman

10. *Father's Birthplace.*

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Margaret Chapman

Address,

2821

8th

Remarks.

1 8 9 4 0 0 0 2 1 2 0

[illegible]

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth of the child, the parent or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1, 1894
4. Place of Birth, (Street and Number) 812 Cannon St.
5. Full Name of Mother, Annie Bankert
6. Mother's Maiden Name, Annie Koss
7. Mother's Birthplace, Balto
8. Full Name of Father, George Bankert
9. Father's Occupation, Labr.
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, May A. Dwyer
- Address, 824 Cannon St.
- Remarks, _____

18940002121

been conferred its sex, color, the full name and occupation of its parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or other person having the custody of the child shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 1st 1894

4. Place of Birth, (Street and Number) 611 N. Paca etc.

5. Full Name of Mother, Margaret J. Ledders

6. Mother's Maiden Name, Donahue

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J. Ledders

9. Father's Occupation, Chief Fire Department

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sheldon Crooke M.D.

Address, 914 N. Charles St.

Remarks, _____

1 8 9 4 0 0 0 2 1 2 2

RETURN OF A BIRTH. 53344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

2. Race or Color, (if not of the same) *April 1st 1874*
3. Date of Birth, *02 224 24 Sasatog*

3. Date of Birth, *April 1st 1912*
4. Place of Birth. (Street and Number) *No 929 W. Saratoga St,
S. Phoenix*

5. Full Name of Mother, Leona Leona

6. Mother's Maiden Name, Elizabeth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William
Good Dealer.

9. Father's Occupation, *Book*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other person who makes this Return, *W. B. Jones*

Address,

Remarks.

8 9 4 0 0 0 2 1 2 3

RETURN OF A BIRTH. 55345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

When a child is born, the parent or person who has the care of it, shall, as far as the same can be ascertained, ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the time of day of each birth, and shall report the same to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this requirement shall be subject to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 1st 1894

4. Place of Birth, (Street and Number) No. 317 N. Balhoun St.

5. Full Name of Mother, Amelia P. Kelly

6. Mother's Maiden Name, Amelia P. Magness

7. Mother's Birthplace, Annapolis Md

8. Full Name of Father, James M. Kelly

9. Father's Occupation, Mechanic

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Winton

Address, No. 301 N. Balhoun St.

Remarks,

18940002124

RETURN OF A BIRTH.

55347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 1st 1894

4. Place of Birth, (Street and Number)

1326 N. Central Ave.

5. Full Name of Mother,

Lorah A. Simon

6. Mother's Maiden Name,

Lorah A. Whittle

7. Mother's Birthplace,

England

8. Full Name of Father,

August C. Simon

9. Father's Occupation,

Mathematical Instrument Mfg.

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

A. J. Station

Address,

1307 N. Central Ave

Remarks,

18940002126

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance, the mother immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the form of a certificate, and in the case of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) - Colored

3. Date of Birth, April 1, 1894

4. Place of Birth, (Street and Number) Overly - Harrymans Lane 11

5. Full Name of Mother, Lucile B. Parker

6. Mother's Maiden Name, Bessie Cooper

7. Mother's Birthplace, Exeter, N.H.

8. Full Name of Father, William Booker

9. Father's Occupation..... Teacher

10. Father's Birthplace, Richmond, Va.

Name of Medical Attendant, or other person who makes this Return, Susan Bailey

Address, No. 8, Galt Street, St. Louis, Mo.

Address, _____
Remarks, Waverly, Baltimore City

8-9-40 002127

[illegible]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the mother, the date and place of birth; and the said certificate shall be delivered, only to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or persons of such attendance upon the mother, immediately thereafter the certificate shall be made out, in the manner and within the period above required, and shall be returned to the office of the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940002128

RETURN OF A BIRTH. 55350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 1st 1894

4. Place of Birth, (Street and Number) No 7 Fort St

5. Full Name of Mother, Mary Keller

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Germany

8. Full Name of Father, John Keller

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kaptis

Address, 205 N. Washington St.

Remarks, _____

1 8 9 4 0 0 0 2 1 2 9

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred), the sex, full name and occupation of its parents, the date and place of birth, and the day of each, and every month to the office of the Commissioner in the form of a certificate, to be signed by the practitioner, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the time prescribed in this section, shall be subject to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd time

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

3. Date of Birth, 1 April 1894

4. Place of Birth, (Street and Number) 1112 E Lombard St

5. Full Name of Mother, _____

6. Mother's Maiden Name, Rose Loring

7. Mother's Birthplace, Cyprus

8. Full Name of Father, John Henry

9. Father's Occupation, *Stone Mason*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other person who makes this Return, _____

Address, Line 1
Line 2

Remarks, 1113 2 1/2 3/4

8940002130

RETURN OF A BIRTH.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race) *AA*

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

3. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 4 0 0 2 1 3 2

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April, 20

4. Place of Birth, (Street and Number) Dallas 431

5. Full Name of Mother, Nosta Koshikpe

6. Mother's Maiden Name, Christina

7. Mother's Birthplace, Poland

8. Full Name of Father, Joseph Pernecky

9. Father's Occupation..... *Farmer*

10. Father's Birthplace, *Delaney*

Name of Medical Attendant, or other person who makes this Return, W. A. M. 1970 3 15

Address, 602 Bones

Remarks.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Address, *Full name added by another - December 6 - 1934*
Remarks, *P. 8 d. 1 P. 2*

Remarks, Full name added in another
Anna Emma Vorsteg! mother. U O O 218315m - Reg

been conferred) unless, after the full name and occupation of its parents, the date and place of birth; and the date and place of birth of the child, and the date and place of birth of the child's mother, be attested by the practitioner in power of health. In case the birth of any child shall occur within the period above required, or should the mother of such child be unable to appear in person or by proxy, or the parents of such child occur without the attendance of the practitioner in power of health, it shall become the duty of the practitioner in power of health to comply with the provisions of this section shall be, to cause the birth of such child to be attested by the practitioner in power of health, to be recovered as other fines and forfeitures are recoverable, to the sum of ten dollars each offense.

55357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

43

Mule

White-

April 20/94

1830 N. Strickland

Clara Hildebrandt

" Clarke

Baltimore

C. S. Hildebrandt

Contractor -

Baltimore

Gen. Webb is M. D.

1501 Pustynian St.

Baltimore

8 7 4 0 0 0 2 1 3 6

RETURN OF A BIRTH

55358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, April 2nd
4. Place of Birth (Street and Number), 1516 E. Biddle St
5. Full Name of Mother, Ella Mc Vey
6. Mother's Maiden Name, Ella Gravenstein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James M Mc Vey
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Mary E Price
or other person who makes this Return.
- Address, 1630 Ashland Ave
- Remarks,

Parents, the mother, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Registrar of Vital Statistics, Baltimore City, within the first and third day of the first month to the office of the Commissioner of Health. In case the birth of an infant is attended by a midwife, the midwife shall deliver the certificate to the Registrar of Vital Statistics, Baltimore City, within the first and third day of the first month to the office of the Commissioner of Health. In case the birth of an infant is attended by a physician, the physician shall deliver the certificate to the Registrar of Vital Statistics, Baltimore City, within the first and third day of the first month to the office of the Commissioner of Health. In the manner and within the period prescribed, the Registrar of Vital Statistics, Baltimore City, shall cause to be published in the Baltimore City Directory for each year, to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH. 55359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 20th/94
4. Place of Birth, (Street and Number) No. 102 1/2 Fremont St
5. Full Name of Mother, Lince Worth
6. Mother's Maiden Name, Freeman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Worth
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mrs L. L. L.
Address, No 1807 E Monument St.
Remarks,

8 9 4 0 0 0 2 1 3 8

RETURN OF A BIRTH. 553.60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

30th March

4. Place of Birth, (Street and Number)

Rose St. 5.

5. Full Name of Mother

Matthias

6. Mother's Maiden Name

Kindred

7. Mother's Birthplace

Böhmien

8. Full Name of Father

Martin Vesely

9. Father's Occupation

Böhmien

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Marie Pust

Address

12 Bond St. 838

Remarks

18940002139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
White

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 25, 1944 6-30

4. Place of Birth, (Street and Number)

4. Place of Birth, (Street and Number) 885 M
5. Full Name of Mother, Maggie Cole
Marian

5. Full Name of Mother, Maggie
6. Mother's Maiden Name, Marian
Belle

6. Mother's Maiden Name, Balto. City
7. Mother's Birthplace, Balto. City

7. Mother's Birthplace, *Ill. Cal.*
8. Full Name of Father, *William Cole*
Baister

8. Full Name of Father, Painter
9. Father's Occupation, Painter

9. Father's Occupation, ✓
10. Father's Birthplace, City

10. Father's Birthplace, Way
Name of Medical Attendant, F. B. Gardner
or other person who makes this Return Greene St.

Name of Medical Attendant, or other person who makes this Return

Name of Medical Attendant, or other person makes this Return Greene St.
Address, 424 N.

Address, _____

Remarks, _____

Remarks, _____

18940002140

~~8940002140~~

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 2 1 4 1

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any person shall occur without the attendance of a physician, the parent or person who has charge of the child shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22
4. Place of Birth, (Street and Number) 202 Albenmale
5. Full Name of Mother, Lizzie Sherrill
6. Mother's Maiden Name, Rockold
7. Mother's Birthplace, Doland
8. Full Name of Father, Charles Sherrill
9. Father's Occupation, Galvanizer
10. Father's Birthplace, Doland
Name of Medical Attendant, or other person who makes this Return, Mary Krzyka
Address, 602 Bond St
Remarks, _____

18940002142

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the office of the Commissioner of Health. In case the birth of an infant shall occur without the presence of a physician or practitioner of midwifery, the mother, immediately thereafter, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of not less than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 2. April.
4. Place of Birth, (Street and Number) N-1906 Fairmount St.
5. Full Name of Mother, Martha Schütz.
6. Mother's Maiden Name, Martha Schwaerman.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Peter Schütz.
9. Father's Occupation, Soloman.
10. Father's Birthplace, Germany.
Name of Medical Attendant, or other person who makes this Return, Morris Glass.
Address, N-1804 Lombard Street.
Remarks, _____

18940002143

RETURN OF A BIRTH. 55365

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 3rd

4. Place of Birth, (Street and Number) Mary Sliter 1915 Lombard Ave

5. Full Name of Mother, Mary Sliter

6. Mother's Maiden Name, Mary Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Sliter

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mary Engelhart or other person who makes this Return.

Address, 1712 Eastern Ave

Remarks, _____

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month of the year, to the Registrar of Vital Statistics, or to the Registrar of the health department, or to the physician or practitioner of midwifery, or should no other person be to attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be liable to a fine of not less than five dollars and not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3rd
4. Place of Birth, (Street and Number) 1308 Howard Ave.
5. Full Name of Mother, Dora Markoski
6. Mother's Maiden Name, Yarasvalski
7. Mother's Birthplace, Poland
8. Full Name of Father, Yulish Markoski
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland
Name of Medical Attendant, or other person who makes this Return, Mary Rozke
Address, 22 Bond
Remarks, _____

18940002146

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall be liable to a fine of ten dollars for each child to report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 3/94

4. Place of Birth, (Street and Number)

902 E. Lombard Street Balt.

5. Full Name of Mother,

Annie Udileritch

6. Mother's Maiden Name,

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Joseph Udileritch

9. Father's Occupation,

Butcher Shop

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return,

Mrs. Lena Barker

Address,

1117 York Street Balt.

Remarks,

8 4 4 0 0 2 1 4 7

RETURN OF A BIRTH.

55368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 3^d 1894*

4. Place of Birth, (Street and Number) *46 S. Green St*

5. Full Name of Mother, *Elander White*

6. Mother's Maiden Name, *Elander Lee*

7. Mother's Birthplace, *Tapp. Talbot County Md.*

8. Full Name of Father, *Wardel Henry White*

9. Father's Occupation, *Trauter*

10. Father's Birthplace, *Toronto Canada*

Name of Medical Attendant, or other person who makes this Return, *W. C. M. D.*

Address, *1703 W. Lombard St*

Remarks,

1 8 9 4 0 0 2 1 4 8

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of law, or in case no other person be in attendance, the mother or father, or in case the mother or father be unable to report, the child shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

and the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health by a person other than a practitioner, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W

3. Date of Birth, April 3 1894

4. Place of Birth, (Street and Number) 905 Decatur St

5. Full Name of Mother, Esther Reinhardt

6. Mother's Maiden Name, Murphy

7. Mother's Birthplace, Washington, D.C.

8. Full Name of Father, Peter J. Reinhardt

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. H. Gentry

Address, 1004 W. Lexington St

Remarks, _____

8940002149

RETURN OF A BIRTH.

55370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 4 1894

4. Place of Birth, (Street and Number)

113 N Monford Ave

5. Full Name of Mother,

Mary Hagerty

6. Mother's Maiden Name,

Mary Hustel

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Patrick J. Hagerty

9. Father's Occupation,

Sheet Iron Worker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

J. P. Spinnall MD

Address,

14 W. Patterson Pl. Ave

Remarks,

8940002150

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health. In case the birth person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 4th 1894

4. Place of Birth, (Street and Number)

1724 S. Charles St

5. Full Name of Mother,

Mary Jane Kolmaier

6. Mother's Maiden Name,

Mary Jane Conolly

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Jacob David Kolmaier

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return

Ellenora A. Anderson

Address,

1434 Patapsco St

Remarks,

18940002151

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month of a physician or practitioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the practitioner to report the child to report its birth to the Commissioner of Health, in the manner and form provided above required, and any such person or persons who shall heretofore been guilty with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed and attested, to the Commissioner of Health, on or before the first day of the month following the month in which the birth of any child shall occur, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, or who shall make any false statement, or who shall be guilty of any offence, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten (\$10) dollars for each offence.

RETURN OF A BIRTH.

55372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 4th 1894

4. Place of Birth, (Street and Number) Frederick Ave. No. 440

5. Full Name of Mother, Emma Friedrichhoff

6. Mother's Maiden Name, Emma Shaver

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, J. H. Friedrichhoff

9. Father's Occupation, Painter

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Elizabeth Weeks

Address, Mrs. Elizabeth Weeks P.O. Care to Balt. Md.

Remarks,

18940002152

RETURN OF A BIRTH. 55374

MOVED NAME ADDED 8-12-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Estelle Hagan

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 4th 1894

4. Place of Birth, (Street and Number) 214 = 3 1/2 Street

5. Full Name of Mother, Minnie Hagan

6. Mother's Maiden Name, Minnie Silk

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, James E. Hagan

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Hagan

Address, 1201 N. Central Ave.

Remarks,

18940002154

RETURN OF A BIRTH. 53375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health
Name of Child George Louis Deegen Third

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) ✓

3. *Date of Birth,*

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

53376

2/2 3/61

Decom

Male

White

April 4th 1894

673 W. Garret

Maggie. Akers

Maggie Kuntz

Balt.

Harry Akers
Denver

Jeweler
Balt.

Ballo.

Joseph Blum

or other person who makes this return.

Box 1 Columbia Avenue

8 9 4 0 0 0 2 1 5 6

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72

The said certificate shall be delivered daily signed by the practitioner in the form of a certificate between the first and second months of the pregnancy, the date and place of birth, and the sex of the child, to the Registrar of Vital Statistics, or to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the mother to report the birth of the child to the Registrar of Vital Statistics, or to the Commissioner of Health, and within the period above required, and any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st
Male

White

April 4

613 So. Constance

Lena Osmuth
Lena Rhineland

Maryland

Francis Smith
Plumber

Maryland

Healy and a Sister

641 So. Pooch

18740002159

[illegible]

GIVEN NAME ADDED 10-29-56
RETURN OF A BIRTH. 55300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____ white
3. Date of Birth, _____ April 5th / 94
4. Place of Birth, (Street and Number) _____ 123 Dr. Lombard St
5. Full Name of Mother, _____ Sallie Smardon
6. Mother's Maiden Name, _____ Sallie James
7. Mother's Birthplace, _____ Baltimore
8. Full Name of Father, _____ William Smardon
9. Father's Occupation, _____ Hunter
10. Father's Birthplace, _____ Baltimore County
- Name of Medical Attendant, or other person who makes this Return, _____ Magdalena Benicoff?
- Address, _____ 200 W. Main St.
- Remarks, _____

8 9 4 0 0 0 2 1 6 0

Every child born in this city, whether male or female, shall be registered by the Registrar of Vital Statistics, who shall issue a certificate of birth, which shall be filed in the office of the Registrar. The fee for such certificate shall be one dollar, which shall be paid by the mother or the father of the child, or by the person who has the custody of the child, at the time of the birth. If the mother or father of the child, or the person who has the custody of the child, fails to register the child, the Registrar shall, upon the application of any person, issue a certificate of birth, which shall be filed in the office of the Registrar. The fee for such certificate shall be one dollar, which shall be paid by the person who has the custody of the child, at the time of the birth. If the mother or father of the child, or the person who has the custody of the child, fails to register the child, the Registrar shall, upon the application of any person, issue a certificate of birth, which shall be filed in the office of the Registrar. The fee for such certificate shall be one dollar, which shall be paid by the person who has the custody of the child, at the time of the birth.

RETURN OF A BIRTH. 55381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *2th Child.*

1. Sex, (state whether male or female)... *Female*

2. Race or Color, (if not of the white race)... *White.*

3. Date of Birth... *5th April 1894.*

4. Place of Birth, (Street and Number)... *Andrews St. 1444.*

5. Full Name of Mother... *Franziska Meyer*

6. Mother's Maiden Name... *" Weinmann*

7. Mother's Birthplace... *Germany*

8. Full Name of Father... *Lohnel Meyer*

9. Father's Occupation... *Clerical*

10. Father's Birthplace... *Germany.*

Name of Medical Attendant, or other person who makes this Return... *Lizzie Schaeffer*

Address... *Fort Street 4408.*

Remarks,

18940002161

RETURN OF A BIRTH. 55282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or other person who shall be present at the birth shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April the 5th 1894*
4. Place of Birth, (Street and Number) *1710 W. Hamburg St.*
5. Full Name of Mother, *Lara Mason*
6. Mother's Maiden Name, *Lara Wallant*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *William Mason*
9. Father's Occupation, *Small Maker*
10. Father's Birthplace, *New York*
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, _____
- Remarks, _____

Maggie A. Wilkerson

1 3 9 4 0 0 0 2 1 6 2

RETURN OF A BIRTH. 55383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 2 1 6 3

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been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate bearing the date and place of birth of each and every month to the office of the Commissioner of the Department of Health, or should no other person be in attendance without the attendance of a physician, the practitioner shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be fined to the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55385 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*

1. Sex, (state whether male or female) *boy*

2. Race or Color, (if not of the white race) *colored race*

3. Date of Birth, *April the 5th*

4. Place of Birth, (Street and Number) *Baltimore 222 - parist aliey*

5. Full Name of Mother, *jenie johnson*

6. Mother's Maiden Name, *jenie queen*

7. Mother's Birthplace, *annaraudel lo*

8. Full Name of Father, *jorge washington queen*

9. Father's Occupation, *hardcorey*

10. Father's Birthplace, *annaraudel lo*

Name of Medical Attendant, or other person who makes this Return, *Mary Burns*

Address, *912 - parist aliey*

Remarks, *\$ 5.00* *Dorlers*

18940002165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race).

White

3. *Date of Birth,*

April 6 794

4. *Place of Birth, (Street and Number)*

#132. Cedar Ave.

5. Full Name of Mother,

Magg. May. German
" " A. H. H. H.

6. *Mother's Maiden Name,*

A reply.

7. *Mother's Birthplace,*

Hoodline Howard Co

8. Full Name of Father,

Thomas Chert. Cinne man

9. *Father's Occupation,*

Plaster

10. *Father's Birthplace.*

Elliott City, Mo. Co.

Name of Medical Attendant, or other person who makes this Return.

isabeth Ginneman

Address,

Attendant, or other person making this Return. *Hampden #145! Schmitt Bros.*

Remarks,

8 9 4 0 0 0 2 1 6 6

RETURN OF A BIRTH. 55387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Christian Emmerich Mears 1st
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *April 5-1894*
 4. Place of Birth, (Street and Number) *1537 N. Franklin St.*
 5. Full Name of Mother, *Ellen Mears*
Emmerich
 6. Mother's Maiden Name, *Anne Annable Co.*
 7. Mother's Birthplace, *A. W. Mears*
 8. Full Name of Father, *Clerk*
 9. Father's Occupation, *Virginia*
 10. Father's Birthplace, *A. W. Mears*
 Name of Medical Attendant, or other person who makes this Return.
 Address, *1008 Madison Ave*
 Remarks,

8940002167

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents of such child to report its birth to the Commissioner of Health, immediately thereafter, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

53388

Baltimore City.

1 R.

- 424 N. Green St.

492. J. G. DULANEY & CO., CITY PRINTERS AND STATIONERS.

8 9 4 0 0 2 1 6 8

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 2 1 6 9

[illegible]

RETURN OF A BIRTH.

55390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 5th 94

4. Place of Birth, (Street and Number)

129 South Durham St

5. Full Name of Mother,

Kunigunda Herbst

6. Mother's Maiden Name,

Kunigunda Zimmerman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Herbst

9. Father's Occupation

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mary Engelhart

Address,

1712 Eastern Ave

Remarks,

April 7th 1894

St. Albans Cemetery

Ph. In 84/4 U 0 0 2 1 7 0

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the practitioner to sign and forward to the Registrar of Vital Statistics, Board of Health, Baltimore City, a copy of this certificate, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been concerned in sex, color, the full name and occupation of its parents, the date and place of birth, and the said school shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the clerk of the Board of Health, who shall forward the same to the Board of Health, and the practitioner or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the commissioner of health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 55391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, April 6, 1894

4. Place of Birth, (Street and Number) 610 Pitcher St

5. Full Name of Mother, Ida Randal Rannels

6. Mother's Maiden Name, Lewis

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Charles H. Randal Rannels

9. Father's Occupation, Painter

10. Father's Birthplace, York Co. Pa

Name of Medical Attendant, or other person who makes this Return, Dr. Edward Ramsey M.D.

Address, Full name 537 N. Eustaw St.

Remarks, Full name - Harry Lewis Rannels.

8 9 4 0 0 0 2 1 7 1

RETURN OF A BIRTH. 55392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the office of the Commissioner of Health, or should no other person be so designated, to the physician or practitioner attending the mother, immediately after the birth of the child, and the attendance upon the mother, immediately after the birth of the child, in the manner and within the period above prescribed, and any such person who shall fail to comply with the provisions of this article shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and the person so liable shall be liable to pay the same.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Child
Girl

1. Sex, (state whether male or female)

White Race

2. Race or Color, (if not of the white race)

3. Date of Birth,

Born April 6th 1894

4. Place of Birth, (Street and Number)

2118. Prince St

5. Full Name of Mother,

Mrs. Lizzie Schmitzen

6. Mother's Maiden Name,

Miss " Knapp

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Otto Schmitzen

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Hessen Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Miller

Address,

2127 W. Pratt St

Remarks,

18940002172

RETURN OF A BIRTH. 55393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, april 6th 1894

4. Place of Birth, (Street and Number) 1253 Light St

5. Full Name of Mother, Sarah Lizzie Murgrove

6. Mother's Maiden Name, Sarah L. Willis

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, George Washington Murgrove

9. Father's Occupation, Car conductor

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return Ellenora A. Anderson

Address, 1434 Patapsco St

Remarks,

18940002173

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Dale of Birth*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7 Mother's Birthplace.

8 *Full Name of Father*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address, _____

Remarks,

8 9 4 0 0 0 2 1 7 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of a child occurs without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month, the mother, immediately thereafter it shall be the duty of the person so attending to the birth to the Commissioner of Health, in the manner and to the effect of the period above required, and in any such person, a person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this return

Address,

Remarks.

8 9 4 0 0 0 2 1 7 5

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

8 9 4 0 0 0 2 1 7 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April '64

4. Place of Birth, (Street and Number) 509 South Bond St

5. Full Name of Mother, Golda Wolpert

6. Mother's Maiden Name, Golda Siet

7. Mother's Birthplace, Sodoma R.

8. Full Name of Father, Sam Wolpert

9. Father's Occupation Expressman

10. Father's Birthplace, Soldado Co.

Name of Medical Attendant, or other person who makes this Return.

Address, Yette C. Lawrence

Remarks, 110226 Submerged

8 4 4 0 0 0 2 1 7 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, the 6th April 1894

4. Place of Birth, (Street and Number) Box 1717, Lenoir, N.C.

5. Full Name of Mother, Mrs. R. B. [illegible]

6. Mother's Maiden Name, James

7. *Mother's Birthplace,* St. Louis, Mo.

8. Full Name of Father, John J. [illegible]

9. Father's Occupation Farmer

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return Dr. J. W. Smith

Address, 100 105 4 England

Remarks, *But not*

8 9 4 0 0 0 2 1 7 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

or other person who makes this Return.

8940002179

[illegible]

RETURN OF A BIRTH 55400
 Baltimore Board of Health, Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

~~1-8-9-4-0-0-0-2-1-0-0~~

[illegible]

RETURN OF A BIRTH. 55401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *April 6 1894*
4. Place of Birth, (Street and Number) *632 Avenue H*
5. Full Name of Mother, *Mary J. Harace*
6. Mother's Maiden Name, *Mary J. Garris*
7. Mother's Birthplace, *Calvert Co. Md.*
8. Full Name of Father, *Stephen J. Wallace*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Calvert Co. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Abella Brooks*
- Address, *1132 Marine St*
- Remarks, *Living well*

18940002181

said certificate shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or other person, the mother, immediately thereafter, it shall become the duty of the mother, immediately thereafter, to report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period in such manner as may be prescribed by the Registrar of Vital Statistics, Board of Health. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of the parents, the date and place of birth, and the date and place of death, and the name of the person who made the return. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, the mother or the father, or the person who made the return, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th kind
Pup

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

7 April

4. Place of Birth, (Street and Number)

S. Bond St. 720

5. Full Name of Mother

Valerie Kazickij

6. Mother's Maiden Name

Lenborosky

7. Mother's Birthplace

Rajin

8. Full Name of Father

Vilhem Kazickij

9. Father's Occupation

carpenter

10. Father's Birthplace

Rajin

Name of Medical Attendant, or other person who makes this Return

Mari Prell

Address

Remarks

S. Bond St. 838

18940002182

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and second of the month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother, immediately thereafter, shall report to the Commissioner of Health, in the manner and within the period above required, and any such failure shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jesse Edwards

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 7th, 1894

4. Place of Birth, (Street and Number)

Pro 6 St. Station St

5. Full Name of Mother,

Annie

6. Mother's Maiden Name,

Annie Edwards

7. Mother's Birthplace,

Annie Ruffin

8. Full Name of Father,

William B. Edwards

9. Father's Occupation

Carriage Driver

10. Father's Birthplace,

A. A. P. Maryland

Name of Medical Attendant, or other person who makes this Return,

Annie Edwards

Address,

871 Boyed Street City

Remarks,

0

8940002183

RETURN OF A BIRTH. 55404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *7th April 1894.*

4. Place of Birth, (Street and Number) *Corbett Street No. 1472.*

5. Full Name of Mother, *Pertha Dorekman*

6. Mother's Maiden Name, *" Rex*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Wilhelm Dorekman*

9. Father's Occupation, *Lehrer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Lizzie Schaeffler*

Address, *Corbett Street No. 1472.*

Remarks, _____

18940002184

This certificate to be filled out by the practitioner in the form of a certificate between the first and third day of each month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur upon the attendance of a physician, it shall become the duty of the physician to fill out this certificate in the manner and to the effect provided for in the provisions of this section shall be subject to the penalty of ten dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 2-1-8 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This certificate between the first and third day of each and every month shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Health. In case the practitioner of midwifery, or any other person, be in attendance on the mother, immediately after it shall become the duty of the practitioner of midwifery, or any other person, to report the birth to the Registrar of Health, in the manner and within the period above required, and to pay the fee of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 8th 1894
 4. Place of Birth, (Street and Number) 2012 Launtan St.
 5. Full Name of Mother, Berdie Wright
 6. Mother's Maiden Name, Berdie Smith
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, William Wright
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, or other person who makes this Return, Mary Engelhart
 Address, 1712 Eastern Ave
 Remarks, 18940002187

shall be delivered, after signed by the practitioner in the form of a certificate between the first and third day of the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

53408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *April 8th 1894*

4. Place of Birth (Street and Number), *1825 Light St.*

5. Full Name of Mother, *Helen Vogel*

6. Mother's Maiden Name, *Helen Stacker*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *William F. Vogel*

9. Father's Occupation, *Trainer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, *M. LeHooper M.D.*
or other person who makes this Return.

Address, *1827 Hanover St*

Remarks,

18940002188

RETURN OF A BIRTH 53409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Apr. 8. 1894.
4. Place of Birth, (Street and Number) 1520 Freeman St.,
5. Full Name of Mother, Minnie Lee Duke,
6. Mother's Maiden Name, Thorpe,
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, D. Walter D. Duke,
9. Father's Occupation, Candy Mfg. (James + Duke)
10. Father's Birthplace, Balto. City,
Name of Medical Attendant, J. F. Enloe M.D.
or other person who makes this Return.
Address, 1007 W. Lawrence St.
Remarks,

8 9 4 0 0 0 2 1 8 9

been conferred the sex, color, race and name of the mother, and the date of birth of the child, shall be delivered, duly signed and attested, to the mother, or to the father, or to the guardian of the child, or to the physician or practitioner of midwifery, or to the officer of health, at the birth of each and every child, and a copy of such certificate shall be filed in the office of the Commissioner of Health, in the manner and within the period hereinafter provided. Any physician or practitioner of midwifery who shall refuse to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 55410

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 8th 1894
4. Place of Birth, (Street and Number) 1230 Riverside Ave Balto
5. Full Name of Mother Frances Lentz
6. Mother's Maiden Name Frances Friedman
7. Mother's Birthplace Baltimore
8. Full Name of Father Edwin C. Lentz
9. Father's Occupation Mariner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Conway
- Address _____
- Remarks _____

8940002190

RETURN OF A BIRTH.

RETURNED
GIVEN NAME ADDED 28-7-36
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Goodwin

To the Office of Registrar of Vital Statistics, 201
 Name: Mary Catherine Goodwin
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c) _____

1. Sex, (state whether male or female) ☒ Male ☐ Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8-1894
4. Place of Birth, (Street and Number) 109 S. Central Ave
5. Full Name of Mother, Mary Gordon
6. Mother's Maiden Name, French
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Mr Gordon
9. Father's Occupation, Cant - master
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other person who makes this Return, Gen F. Taylor M.D.
- Address, 1254 N. Broadway
- Remarks,

~~8940002192~~

RETURN OF A BIRTH. 53413

[illegible]

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

4. *Place of Birth, (Street and Number)*

6. *Mother's Maiden Name,*

8. Full Name of Father,

10. *Father's Birthplace,*

Address,

8 9 4 0 0 0 2 1 9 3

RETURN OF A BIRTH.

53414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Mackemul

No. of (Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

8940602194

RETURN OF A BIRTH. 53415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh child
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 27 1894
 4. Place of Birth, (Street and Number) Baltimore Md 241 Parkin St
 5. Full Name of Mother, Annie Kociachuk
 6. Mother's Maiden Name, Anna Lanchkeki
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Thomas Kociachuk
 9. Father's Occupation, Labor
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs Mary Keating
 Address, #14 S Stucker St Baltimore Md
 Remarks, Mother and child are doing well.

18940002195

third day of each and every month, in the office of the Commissioner of Health. In case the birth of any child shall occur within the month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending the child to report its birth to the Commissioner of Health, in the manner and within the time hereinbefore required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 55416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, April 9th

4. Place of Birth (Street and Number), 527 Clifford St.

5. Full Name of Mother, Victoria Ready

6. Mother's Maiden Name, Victoria Ready

7. Mother's Birthplace, St Mary Co. Md

8. Full Name of Father, Alexander Gibson

9. Father's Occupation, Master

10. Father's Birthplace, Mo.

Name of Medical Attendant, R M. Roach
or other person who makes this Return.

Address, 1019 Duin St. Ave.

Remarks,

8 9 4 0 0 0 2 1 9 6

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health, or should no other person be present, to the child to report its birth to the attendants of the day, thereon it shall become the duty of the person or persons of the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April the 10

4. Place of Birth, (Street and Number) 319 Sharp Street

5. Full Name of Mother, Martha Plance

6. Mother's Maiden Name, Martha Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Brown

9. Father's Occupation, labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Wilson

Address, 124 West Street

Remarks, 9 months

8940002197

This certificate shall be delivered, duly signed by the practitioner in the form of certificate, between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. It shall become the duty of the person or persons of such attendance upon the birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, to cause the same to be duly filled up and returned to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health, in the person birth of any child shall occur without the attendance of a physician, and the person attending the birth of such child, to be in attendance upon the mother, and shall become the duty of the person or persons of such child, to be in attendance upon the mother, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth April 10th, 1894

4. Place of Birth, (Street and Number) 1709 Walters Ave

5. Full Name of Mother, Augusta Pohlman

6. Mother's Maiden Name, Schneider

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Ernst August A. Pohlman

9. Father's Occupation, Jeweler

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Alice S. Parkhurst M.D.

Address, 1410 Park Ave

Remarks, _____

18940002198

RETURN OF A BIRTH. 55419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 ^{Child} ^{Twice Married}

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, April 10th 1894

4. Place of Birth, (Street and Number) # 117 Chestnut St

5. Full Name of Mother, Mary Mitchell

6. Mother's Maiden Name,

7. Mother's Birthplace, Balt Md.

8. Full Name of Father, Nathan Mitchell

9. Father's Occupation, Stonemason

10. Father's Birthplace, South Carolina

Name of Medical Attendant, or other person who makes this Return, Emma Riser

Address, # 113 Chestnut St

Remarks,

18940002199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)

7 Kinder
Mädchen

1. *Sex.* (state whether male or female)

2. Race or Color, (if not of the white race)

Vais
10~~th~~ April

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

Lancaster str 1903
Rejdy Miller
Chunck

5. Full Name of Mother,

Rejdy Miller
Chünch
Balsamor

6. *Mother's Maiden Name,*

Off Münch
Balsamor

7. *Mother's Birthplace.*

Baltimore
Jan Miller

8. *Full Name of Father,*

Van Stiller
Yanne ma

9. *Father's Occupation.*

Hanne-macher
Harford Co. Md.

10. *Father's Birthplace.*

Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return.

Meri Post
P. Bond v. 838

Address.

J. E. Bond v. h. 838

Remarks.

8 9 4 0 0 0 2 2 0 0

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 55421

GIVEN NAME ADDED 10-3-56

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Harriett Olivia Lease

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1 8 9 4 0 0 2 2 0 1

RETURN OF A BIRTH. 55422

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 2 2 0 2

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Ray Lindner

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *11th day of April - 1894*

4. Place of Birth, (Street and Number) *1704 Hanover st. Baltimore City*

5. Full Name of Mother, *Mrs. Mabel Lindner*

6. Mother's Maiden Name, *Miss Mabel Guthrie*

7. Mother's Birthplace, *Salisbury Maryland*

8. Full Name of Father, *Andrew Lindner*

9. Father's Occupation, *Gilder*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Annie M. Speller*

Address, *No 1703 Hanover st. Baltimore City*

Remarks,

18940002203

any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 11th 94.
 4. Place of Birth, (Street and Number) 1626 Allicann st.
 5. Full Name of Mother, Elizabeth Dickhaut
 6. Mother's Maiden Name, Elizabeth Herbel
 7. Mother's Birthplace, Washington D.C.
 8. Full Name of Father, Friedrich Dickhaut
 9. Father's Occupation, Blackster
 10. Father's Birthplace, Baltimore Md
 Name of Medical Attendant, or other person who makes this Return, Warr Engelhart
 Address, 1712 Eastern Ave.
 Remarks, _____

8 7 4 0 0 0 2 2 0 4

55423
first boy. No. of Child of Mother,
Race or Color, Colored race
Date, April 11 1894
Place of Birth, 200 44 east Hughes st
Full Name of Mother, Lizzie Jones
Mother's Maiden Name, Lizzie Butler
Mother's Birthplace, Baltimore City
Full Name of Father, Thomas Jones
Father's Occupation, Cysters Shiner
Father's Birthplace, Baltimore City
Wife, Bridget Hunt & Hughes

1 8 9 4 0 0 0 2 2 0 5

RETURN OF A BIRTH.

55406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been consigned, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its delivery, duly signed by the practitioner in the form of a certificate, and the first and last names of the mother and father, and the date of the birth of any child of such mother, shall be recorded in the office of the Registrar of Vital Statistics, and in case the birth of any child shall occur without the attendance of a physician, the mother or father, or both, shall be required to appear in person, or by a person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second one*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Caucas*
 3. Date of Birth, *11 April*
 4. Place of Birth, (Street and Number) *446 Reisterstown*
 5. Full Name of Mother, *Ella Washington*
 6. Mother's Maiden Name, *Ella Calabawan*
 7. Mother's Birthplace, *Petersburg, Va*
 8. Full Name of Father, *Henry Washington*
 9. Father's Occupation, *Shipper, master*
 10. Father's Birthplace, *Caroline County, Va*
 Name of Medical Attendant, or other person who makes this Return, *Ella Jackson*
 Address, *402 Stump Alley*
 Remarks,

18940002206

been conferred) in sex, color, the full name and occupation of the parents, the date and place of birth, and the date and place of death, and the name and occupation of the person or persons who shall be required to attend upon the mother, husband or person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11 1894
4. Place of Birth, (Street and Number) 1333 Kenner St
5. Full Name of Mother, Maggie Buttner
6. Mother's Maiden Name, Maggie Peter
7. Mother's Birthplace, Balto
8. Full Name of Father, John Buttner
9. Father's Occupation, Labo
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Mrs E P Brooke
Address, 102 S Gay St
Remarks, Doing Well
8 9 4 0 0 0 2 2 0 7

RETURN OF A BIRTH. 55428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12

4. Place of Birth, (Street and Number) 1329 Hanover St

5. Full Name of Mother, Mary Sherman

6. Mother's Maiden Name, Mary Vogt

7. Mother's Birthplace, Balto

8. Full Name of Father, George Sherman

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. C. A. Brooks

Address, 1828 Light St

Remarks, Living Well

5 9 4 0 0 0 2 2 0 8

seen complete, or, if not, the full name and occupation of the parents, the date and place of birth, and the date of registration. The Registrar shall be satisfied that the return is true and correct, and shall be liable to a fine of ten dollars for each offence, or to imprisonment in the penitentiary for not more than one month, or to both, at the discretion of the court. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 2 2 0 9

[illegible]

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its mother, or in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Registrar, and shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 6th

1. Sex, (state whether male or female)..... female

2. Race or Color, (if not of the white race)..... white

3. Date of Birth,..... April 12th 1894

4. Place of Birth, (Street and Number)..... No. 1116 Hanover St

5. Full Name of Mother,..... Mary Bailey

6. Mother's Maiden Name,..... Mary Helcher

7. Mother's Birthplace,..... Ireland

8. Full Name of Father,..... John Bailey

9. Father's Occupation,..... Policeman

10. Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other person who makes this Return,..... Katherine Harmon

Address,..... No. 1547 Byrd St

Remarks,.....

18940002210

RETURN OF A BIRTH 55431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12 1892

4. Place of Birth, (Street and Number) 1113 Thompson St.

5. Full Name of Mother, Wilhelmina Cortese

6. Mother's Maiden Name, Wilhelmina Bassotti

7. Mother's Birthplace, Italy

8. Full Name of Father, Antonio Cortese

9. Father's Occupation, Print Dealer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Wm. Clyde Bassotti, M.D.

Address, 1126 E. Fayette St.

Remarks,

16940002211

RETURN OF A BIRTH. 53432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)-

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks.

8 7 4 0 0 2 2 1 2

city

any such person or persons who shall fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to make a return of the birth of such child in the form of a certificate as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

137433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 13th*
4. Place of Birth, (Street and Number) *129 North Wintford Ave.*
5. Full Name of Mother, *Maggie Rueschel*
6. Mother's Maiden Name, *Maggie Wahl*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Ernst W. Rueschel*
9. Father's Occupation, *Collector*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. H. E. Knowles*
- Address, *212 N. Patterson Ave.*
- Remarks, _____

18940002213

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or parents of such child shall be immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the office of the Commissioner of Health, and in case such person or persons fail to comply with the provisions of this section, they shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

4-13-94

Oxford a. m.

4. Place of Birth, (Street and Number)

613 Burgundy al

5. Full Name of Mother,

Georgiana Sutton

6. Mother's Maiden Name,

do

do

7. Mother's Birthplace,

Annapolis md

8. Full Name of Father,

Wm Hermitton Smith

9. Father's Occupation,

cleaner houses

10. Father's Birthplace,

Brockton Mass

Name of Medical Attendant, or other person who makes this return.

Stora Pallack M.D.

Address,

1112 Eutan St North.

Remarks,

18940002214

RETURN OF A BIRTH. 13435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 13th 1894

4. Place of Birth, (Street and Number) 2328 Fayette St

5. Full Name of Mother, Florence Richett

6. Mother's Maiden Name, Wingate

7. Mother's Birthplace, Dorchester

8. Full Name of Father, George Richett

9. Father's Occupation, Commission Merchant

10. Father's Birthplace, Dorchester

Name of Medical Attendant, H. E. Knowles, or other person who makes this Return, E. R. N. P. W. 1 P. K. Mc.

Address,

Remarks,

8940002215

RETURN OF A BIRTH.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)-
 Male or female)-----

Annale

1. Sex, (state whether male or female).

white

1. Sex, (state whether male or female) _____

April 11 1894
Living Street

3. Date of Birth,

4. Place of Birth, (Street and Number)

April 1917
1216 Elting Street

5. Full Name of Mother, _____

1216 *Emma Holsten*
Suppl.

6. Mother's Maiden Name.

Matrone bis

7. Mother's Birthplace,

James Robertson

8. Full Name of Father,

Mechanics

9. *Father's Occupation.*

1. Quel est le but de la loi ?

10. *Father's Birthplace,*

Paul Reitz
Mr. Brewer Ind.

Father's Birthplace, _____ or other person who
Name of Medical Attendant, _____ makes this Return.

Mr Brewer May
and Mr. Smith

Address.

Remarks.

8 9 4 0 0 0 2 2 1 6

RETURN OF A BIRTH.

CERTIFICATE CORRECTED

A₉ BIRTH. 11-56 55437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Evelyn Laura Virginia Hinnemann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 2nd 1894
 4. Place of Birth, (Street and Number) 605 Grand St
 5. Full Name of Mother, Mary H. (Huesmann) Minnemann
 6. Mother's Maiden Name, Mary H. (Huesmann) Stein
 7. Mother's Birthplace, Baltic
 8. Full Name of Father, Bernhardt H. (Huesmann) Minzemann
 9. Father's Occupation, Tailor
 10. Father's Birthplace, Pr. & Europe

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 2 2 1 7

[illegible]

RETURN OF A BIRTH. 53438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....6th child
21

1. Sex, (state whether male or female).....*Female*

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 2

4. Place of Birth, (Street and Number) 127 6 Ross St

5. Full Name of Mother, Mary LeFark

6. Mother's Maiden Name. Mary Sheldon

6. Mother's Maiden Name, 34/10
7. Mother's Birthplace, 34/10

8. Full Name of Father, William H. Clark

8. Full Name of Father, *Hir Marker*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, Mrs. E. K. Brooks ✓

Name of Member Institution, makes this return.

Address, 1828 Eighth St

Address,
Remarks, *Strongly affected*

8 9 4 0 0 0 2 2 1 8

[illegible]

RETURN OF A BIRTH 53439
Board of Health Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

[illegible]

8940002219

RETURN OF A BIRTH.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

1. Sex, (state whether male or female)
2. Race or Color. (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,
6. Mother's Maiden Name

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, ...

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

and the
said schedule shall be delivered, duly signed by the person or persons who shall be liable for each offense, to be recovered as other fines and forfeitures are recoverable.
said schedule shall be delivered, duly signed by the person or persons who shall be liable for each offense, to be recovered as other fines and forfeitures are recoverable.
said schedule shall be delivered, duly signed by the person or persons who shall be liable for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 4-9-53
RETURN OF A BIRTH. 55441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bessie Eva McCullough

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 3rd 1894

4. Place of Birth, (Street and Number) 1805 Republic Ave

5. Full Name of Mother, Lura X. (Mc) Cullough

6. Mother's Maiden Name, Lura X. (Pickering)

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. (Mc) Cullough

9. Father's Occupation, Engineer

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs. B. K. Brookes

Address, 1805 Republic Ave

Remarks, Living Well

8 9 4 0 0 0 2 2 2 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and to the effect hereinafter provided, and the practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other duties and forfeitures are recoverable.

RETURN OF A BIRTH. 55442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Eugene Cook 1st.
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd, 1894
4. Place of Birth, (Street and Number) 1714 Government and
5. Full Name of Mother, Louisia Cook
6. Mother's Maiden Name, Louisa Pfaff
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Harry B. Cook
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore, Md
Name of Medical Attendant, or other person who makes this Return, Wm. B. Barton, M.D.
Address, S. W. Cor. Calvert & Preston Sts
Remarks,

1 8 9 4 0 0 0 2 2 2 2

55-443

11-2-60

Name, George Ludwig
 (state whether 1st, 2d, 3d, &c.)
 Sex, Male
 (if not of the white race)
 Date of Birth, April 4 1830
 (Street and Number) 1830 Hannover
 Mother, Josephine ~~Schubert~~ Ludwig
 Full Name, Josephine ~~Schubert~~ Seebauer
 place, Herrmanns
 Father, George ~~Schubert~~ Ludwig
 place, Herrmanns
 Occupation, Carriage
 place, Herrmanns
 Local Allendant, or other person who makes this Return, Martha H. Bzark
1898 August 1st
George H. H.
 8740002223

Wm. J. C. Dulany Co., City Printers and Stationers.

and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs after the third day of each and every month, the practitioner shall deliver the said certificate on the first day of the month following the birth of the child. The practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11, 1894
4. Place of Birth, (Street and Number) 222 Barney
5. Full Name of Mother, Hennrie G. Snyder
6. Mother's Maiden Name, Hennrie E. Redside
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm. W. Snyder
9. Father's Occupation, Tracer
10. Father's Birthplace, Indiana Spring Md
Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Brook
Address, 1824 High St
Remarks, Strong Well
8 9 4 0 0 0 2 2 2 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks

8 9 4 0 0 0 2 2 2.5

[illegible]

RETURN OF A BIRTH 55446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, April 5 1894

4. Place of Birth, (Street and Number) 614 Cedar alley

5. Full Name of Mother, Sadie Cockeal

6. Mother's Maiden Name, Sadie Byrd

7. Mother's Birthplace, Bulld Md

8. Full Name of Father, George Cockeal

9. Father's Occupation, Bar Keeper

10. Father's Birthplace, N. York

Name of Medical Attendant, (or other person who makes this Return.) Dr. Baxley

Address, Gulfport Miss

Remarks, 18940002223

The Registrar of Vital Statistics, Baltimore City, is authorized to receive and file all returns of births, deaths, marriages, divorces, and adoptions, and to issue certificates of birth, death, marriage, divorce, and adoption, and to keep a record of the same. The Registrar is also authorized to receive and file all returns of births, deaths, marriages, divorces, and adoptions, and to issue certificates of birth, death, marriage, divorce, and adoption, and to keep a record of the same. The Registrar is also authorized to receive and file all returns of births, deaths, marriages, divorces, and adoptions, and to issue certificates of birth, death, marriage, divorce, and adoption, and to keep a record of the same.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said child delivered, duly signed by the practitioner in the form of a certificate between the third and the third day of each and every month, or in case of a physician, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report its birth to the Commissioner of Health, in the manner and within the period to parents of such any such person who shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd second
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th
4. Place of Birth, (Street and Number) #1630 Orleans St
5. Full Name of Mother, Minnie Franke
6. Mother's Maiden Name, Minnie Schneider
7. Mother's Birthplace, Baltimore
8. Full Name of Father, C. Louis Franke
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. H. C. Knicker
- Address, 212 1/2 Patt. Bk. Ave.
- Remarks, _____

1 8 9 4 0 0 0 2 2 2 7

RETURN OF A BIRTH.

55449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored race.*

3. Date of Birth, *Friday April 6th 1894*

4. Place of Birth, (Street and Number) *Baltimore, Md. Mulberry St. 1624.*

5. Full Name of Mother, _____

6. Mother's Maiden Name, *Virginia Dickerson.*

7. Mother's Birthplace, *Boston Mass.*

8. Full Name of Father, *Stalter Simmons.*

9. Father's Occupation, *laborer.*

10. Father's Birthplace, *Scotland Neck N.C.*

Name of Medical Attendant, or other person who makes this Return, _____

Address, *Virginia Ann Brooke, 1753 Mulberry St.*

Remarks, *No remarks.*

18940002229

RETURN OF A BIRTH. 55450
Statistics Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*
 male or female) *M*

1. Sex, (state whether male or female)-----

2. Race or Color, (if not of the white race) AP

3. *Date of Birth,*

4. Place of Birth. (Street and Number) *London*

5. Full Name of Mother,

6. Mother's Maiden Name.

7. *Mother's Birthplace.*

8. Full Name of Father,

9. Father's Occupation

10. *Father's Birthplace,*

Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return _____

Name of Medical Attendant _____
Address: 1828 Light St.
1000 W. 10th St.

Address, 1828 Light
Remarks, 2000 9 40

Remarks, *Boys 4*

RETURN OF A BIRTH. 55457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 7 1894*

4. Place of Birth, (Street and Number) *120 Chestnut St*

5. Full Name of Mother, *Bergtalce G Becker*

6. Mother's Maiden Name, *Bergtalce G Gertrude*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Edward H Becker*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Mrs E H Brooks*

Address, *1828 Light St*

Remarks, *Living Well*

8 9 4 0 0 0 2 2 3 1

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines, and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and no other person, be in the possession of the certificate, and the person or persons, of such child, shall be subject to the provisions of the law, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur within the period of three months after the death of a husband, the physician or midwife, or should no other person be in attendance upon the mother, the physician or midwife, shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child
 1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White Race
 3. Date of Birth, 8th of April 1894
 4. Place of Birth, (Street and Number) 2139 Prince st
 5. Full Name of Mother, Mrs. Pauline Borries
 6. Mother's Maiden Name, Miss Pauline Hasnam
 7. Mother's Birthplace, West Prusan, Germany
 8. Full Name of Father, Mr. John Borries
 9. Father's Occupation, Laborer
 10. Father's Birthplace, West Prusan, Germany
 Name of Medical Attendant, Mr. Hiller
 Address, 2127 west Pratt st
 Remarks,

1 8 4 0 0 0 2 2 3 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race),

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 2 2 3 5

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED, 1-14-59
RETURN OF A BIRTH

55456

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

John Byron Strawbridge

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male.

1. Sex, (state whether male or female).

White.

2. Race or Color, (if not of the white race)

April 8th 1894

3. Date of Birth,

1150 E. North Ave.

4. Place of Birth, (Street and Number)

Mary Strawbridge

5. Full Name of Mother,

Mary Swartz.

6. Mother's Maiden Name,

Tarford Co. Md.

7. Mother's Birthplace,

John E. Strawbridge,

8. Full Name of Father,

Clerk.

9. Father's Occupation,

Tarford Co. Md.

10. Father's Birthplace,

Alfred B. Ellis. M. D.

Name of Medical Attendant, or other Person who makes this Return.

1340 Aisquith St.

Address,

Remarks,

This child was

perfectly formed & healthy

8 9 4 0 0 0 2 2 3 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

53457

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 9th 94.

4. Place of Birth, (Street and Number) 1915 W. Pratt St

5. Full Name of Mother, Emma L. B. Ahlen

6. Mother's Maiden Name, Emma L. B. Clark

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Alexander F. Ahlen

9. Father's Occupation, Machinist

10. Father's Birthplace, Germany Henry C. Ahlen

Name of Medical Attendant, or other person who makes this Return,

1703 W. Fayette St

Address,

Remarks, 18940002237

The Registrar of Vital Statistics, Baltimore City, is authorized to receive and file all returns of births, marriages, and deaths, and to issue certificates of birth, marriage, and death, and to keep a record of the same. The Registrar is also authorized to receive and file all returns of the number of children born to each woman, and to issue certificates of the same. The Registrar is also authorized to receive and file all returns of the number of children born to each woman, and to issue certificates of the same. The Registrar is also authorized to receive and file all returns of the number of children born to each woman, and to issue certificates of the same.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Monday April 24 94. 4:15 A.M.

4. Place of Birth, (Street and Number) 27 E. Central Ave

5. Full Name of Mother, Sarah Hoffman

6. Mother's Maiden Name, Laura V. Martin

7. Mother's Birthplace, Dorchester Co. Md.

8. Full Name of Father, Joseph J. Hoffman

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Edw. A. H. H. H.
or other person who makes this Return.

Address, 116 W. Mulberry St

Remarks, 1 8 9 4 0 0 2 2 3 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *April 9 1884*

4. Place of Birth, (Street and Number) *1434 Battery Ave*

5. Full Name of Mother, *Matilda Carey*

6. Mother's Maiden Name, *Matilda Myers*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *William Carey*

9. Father's Occupation, *Boat Mender*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return. *Mrs E. F. Brooks*

Address. *1808 Light St*

Remarks. *Strong Well*

8 9 4 0 0 0 2 2 3 9

RETURN OF A BIRTH. 53460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. Place of Birth, (Street and Number) *MS*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Remarks. Log 10 8 9 4 0 0 0 2 2 4 0

[illegible]

RETURN OF A BIRTH. 55461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of the child, or of any other person, who shall immediately thereafter, if it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Second
Male
White

Apr. 10 - 94

Balto. Waterwide 294. Bond St.

Agnes Wicks

City.
Unknown

W. A. B. Sullivan M.D.
Prof. Obstetrics

1 8 9 4 0 0 0 2 2 4 1

A 55462

1. Sex, *Female* No. of Child of Mother. *2*
2. Race or Color, *Colored*
3. Date, *April 12 1894*
4. Place of Birth, *Brighton St 11.43*
5. Full Name of Mother, *Darah Moore*
6. Mother's Maiden Name, *Holland*
7. Mother's Birthplace, *Charles Co Md*
8. Full Name of Father, *W. H. Moore*
9. Father's Occupation, *Nothing*
10. Father's Birthplace, *Charles County Md*

1 8 9 4 0 0 2 2 4 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second -

1. Sex, (state whether male or female).

174

2. Race or Color, (if not of the white race)

White

3. *Date of Birth.*

U/o. 12. 9/4

4. *Place of Birth, (Street and Number)*

1 Ball. Univ. Maternity 29. 29. Bond 4.

5. *Full Name of Mother,*

Ada Litchfield

6. *Mother's Maiden Name.*

2

7. *Mother's Birthplace.*

City

8. *Full Name of Father,*

Stuck now

9. *Father's Occupation,*

"

10. *Father's Birthplace,*

"

Name of Medical Attendant, or other person who makes this Return.

Mr. A. J. Sullivan M. L.

Address.

Prof. Obstetrics

Remarks,

8 9 4 0 0 0 2 2 4 3

RETURN OF A BIRTH. 53464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, midwife, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the time specified in this section shall be subject to report to the Commissioner of Health, in the manner and within the time specified in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2nd April

4. Place of Birth. (Street and Number) N. 1179 Cleveland St.

5. Full Name of Mother, Clara Willie Kehl

6. Mother's Maiden Name, Sachs

7. Mother's Birthplace, Sachsen, Germany

8. Full Name of Father, Bruno A. C. Kehl

9. Father's Occupation, Pianomaker

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, Dr. A. M. Bischoff

Address, N. 1136 Cleveland St.

Remarks,

1 8 9 4 0 0 0 2 2 4 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth (8th)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Friday Feb 18th 1904 230 P.M.

4. Place of Birth, (Street and Number) 717 Madison St

5. Full Name of Mother, Aunie C. Davis

6. Mother's Maiden Name, Aunie C. Redgwick

7. Mother's Birthplace, Georgetown D.C.

8. Full Name of Father, William Davis

9. Father's Occupation, Miller

10. Father's Birthplace, Hampton Va

Name of Medical Attendant, or other person who makes this Return, E. M. M. M. M.

Address, 116 W. Mulberry St

Remarks, _____

1 8 9 4 0 0 0 2 2 4 5

name schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and the practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 14th 94.

4. Place of Birth, (Street and Number) 205 South Durham St.

5. Full Name of Mother, Maggie Hunter

6. Mother's Maiden Name, Maggie Dillman

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Hunter

9. Father's Occupation, Taylor

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, Mary Engelhart or other person who makes this Return.

Address, 1712 Eastern Ave.

Remarks, _____

8 9 4 0 0 0 2 2 4 6

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

53467

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *Colored*
3. Date of Birth, *April 17th 1894*
4. Place of Birth, (Street and Number) *2030 Ething*
5. Full Name of Mother, *Hennetta Mattheis*
6. Mother's Maiden Name, *Hennetta Wallace*
7. Mother's Birthplace, *Balto. Md*
8. Full Name of Father, *Jos. W. Mattheis*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Balto. Md*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. J. Forest*
- Address, *563 Dolphin St*
- Remarks, *No*

18940002247

any person who shall be guilty of any of the foregoing offenses shall be liable to a fine of not more than five dollars and to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. The name of the mother of every child born in Baltimore City shall be duly entered in the birth record, and the name of the father of every child born in Baltimore City shall be duly entered in the birth record, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or of the mother, or of any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall report the birth of the child to the nearest health officer, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

33469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 4 - 1894

4. Place of Birth, (Street and Number)

332 - 11th St Anney

5. Full Name of Mother,

Sarah A. Parr

6. Mother's Maiden Name,

" " Marshal

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Hiram J. Parr

9. Father's Occupation

Coach Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

R. G. Rankin M. D.

Address,

Harvey Station Baltimore

Remarks,

18940002249

[illegible]

GIVEN NAME ADDED 8-27-56
RETURN OF A BIRTH 53470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar

Ida Nellie Wolfe

1. Mother (state whether 1st, 2d, 3d)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *Ad*

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 2 2 5 0

RETURN OF A BIRTH.

53471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 6th 98

4. Place of Birth, (Street and Number) 2112 Maryanna st.

5. Full Name of Mother, Anna Schmiedel

6. Mother's Maiden Name, Anna Robl

7. Mother's Birthplace, Austria

8. Full Name of Father, Alois Schmiedel

9. Father's Occupation, Foreman Sash Factory

10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Charles W. A. Heyer M.D.

Address, 1019 W. Caroline st.

Remarks, _____

1 8 9 4 0 0 0 2 2 5 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, the person or persons in attendance upon the birth to the Commissioner of Health, and within the period above required, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 7th

4. Place of Birth, (Street and Number) 609 Sharp Street

5. Full Name of Mother, Martha E. Hackert

6. Mother's Maiden Name, Martha E. Smith

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William W. Hackert

9. Father's Occupation, Wagoner

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Mahle

Address, No 118 East York Street

Remarks, Estela Hackert

18940002252

and schedule shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in the city or county at the time of the birth, the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 9 1894

4. Place of Birth, (Street and Number) 1511 N. Hopkins Ave

5. Full Name of Mother, Bertha M. Upperman

6. Mother's Maiden Name, Scott

7. Mother's Birthplace, Kentucky

8. Full Name of Father, Thomas H. Upperman

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Theodore Crooke M.D.

Address, 914 N. Charles St.

Remarks, _____

18940002254

shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person who shall neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person who shall neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Parents, the date and place of birth, and the sex of the child, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of every month to the office of the Commissioner of Health. In case the birth of any child upon the mother, immediately thereafter to be reported, the signature of the practitioner or parent of such child, to report its birth to the Commissioner of Health, in the manner and form prescribed, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH. ⁵⁵⁴⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ^{5th}

1. Sex, (state whether male or female) ^{Male}

2. Race or Color, (if not of the white race) ^{Col}

3. Date of Birth ^{April 9th 1894}

4. Place of Birth, (Street and Number) ^{1132 Goodman St}

5. Full Name of Mother, ^{Delia Holden}

6. Mother's Maiden Name, ^{Lanks}

7. Mother's Birthplace, ^{Balto Md}

8. Full Name of Father, ^{Thomas Holden}

9. Father's Occupation, ^{Laborer}

10. Father's Birthplace, ^{Balto Md}

Name of Medical Attendant, or other Person who makes this Return. ^{Margareth Yfregg}

Address, ^{127 Winter St Balto Md}

Remarks,

18940002255

RETURN OF A BIRTH.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation,

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks,

~~8-9-4000-258~~

aid schedule shall be delivered only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the immediate attendance of a physician or practitioner of midwifery shall be required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5.*
 1. Sex, (state whether male or female) *Boy.*
 2. Race or Color, (if not of the white race) *white.*
 3. Date of Birth, *10. April.*
 4. Place of Birth, (Street and Number) *N. 311 Broadway. N.*
 5. Full Name of Mother, *Bertha Fox.*
 6. Mother's Maiden Name, *Bertha Kirsch.*
 7. Mother's Birthplace, *Germany.*
 8. Full Name of Father, *Joseph Fox.*
 9. Father's Occupation, *Chapman.*
 10. Father's Birthplace, *Baltimore.*
 Name of Medical Attendant, or other person who makes this Return, *Mary Glass.*
 Address, *11804 Lombard Street.*
 Remarks, _____

8940002257

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the practitioner be a physician or practitioner of naturopathy, or the person or persons to whom the certificate is made is a child, the certificate shall become due within the period above required, and the practitioner shall be subject to the provisions of this section shall be subject to the same penalties with the provisions of this section shall be subject to the same penalties and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,...

Remarks,

8 9 4 0 0 0 2 2 5 8

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of an infant shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the duty of the parent or parents shall become that of reporting the birth of such child to report its birth to the Commissioner of Health, in the manner herein provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10-1894
4. Place of Birth, (Street and Number) 516 Hickory Ave Annex
5. Full Name of Mother, Alice J. Mann
6. Mother's Maiden Name, Burkins
7. Mother's Birthplace, Balto. Co. Md
8. Full Name of Father, Louis Mann
9. Father's Occupation, Contractor
10. Father's Birthplace, Balto. Co. Md
- Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.
- Address, Tranorby Station Balto. Md
- Remarks,

18940002259

RETURN OF A BIRTH.

53480

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White
April 11th 1894
1510 N. Loring St
Margaret White
Margaret Powder
Baltimore City
Jm E White
Conductor Electric Cars
Baltimore City
Jm E White
1505 W Lexington St
None

1 8 9 4 0 0 0 2 2 6 0

Save as the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

~~Male~~ Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 11th 1914

4. Place of Birth, (Street and Number)

2023 Miria str.

5. Full Name of Mother,

Hellie Nis

6. Mother's Maiden Name,

Hellie Stevens

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

John Nis

9. Father's Occupation,

Horse dealer

10. Father's Birthplace,

Summary

Name of Medical Attendant, or other person who makes this Return.

Bartholomew Dr. M. F.

Address,

1019 W. Caroline st.

Remarks,

8940002261

RETURN OF A BIRTH 55482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Leo Charles Joseph Gehring
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female)

Final

2. Race or Color, (if not of the white race)

white

3. *Date of Birth,*

архив/а

4. *Place of Birth, (Street and Number)*

143 E Gustaf

5. Full Name of Mother,

Mary Gehring

6. *Mother's Maiden Name,*

28 Nov

7. *Mother's Birthplace.*

City

8. *Full Name of Father,*

Jos. Gehring

9. *Father's Occupation,*

Purchase

10. *Father's Birthplace,*

Bavaria

Name of Medical Attendant, or other person who makes this Return.

Erasmus Ellis M.D.
915 Light St.

Address,

Remarks,

8 9 4 0 0 0 2 2 6 2

RETURN OF A BIRTH. 53483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 2 2 6 3

[illegible]

third day of each and every month to the office of the Commissioner of Health. In case the birth of an child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of, such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in default of such report, the parents or other persons liable to be recovered in other fines and forfeitures are recoverable, to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH. 55484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April the 12th 1894
4. Place of Birth, (Street and Number) 1224 Patapsco St.
5. Full Name of Mother, Annice B. Buppert
6. Mother's Maiden Name, Annice B. Wagner
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Fredrick L. Buppert
9. Father's Occupation, Living Packer
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, _____
- Remarks, _____

6740002264

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner required by law, shall be deemed to be the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section, and such person or persons shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 12 - 1894

4. Place of Birth, (Street and Number)

12228 Wilkins Avenue

5. Full Name of Mother,

Jessima Jenkins

6. Mother's Maiden Name,

" Crowley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edwin B. Jenkins

9. Father's Occupation

Upholsterer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Theodore C. C. C. C. C.

Address,

914 St. Charles St.

Remarks,

8 9 4 0 0 0 2 2 6 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, and shall be filed in the office of the Commissioner of Health, and every practitioner of midwifery, or should an obstetrician, or any other person, be in the duty of the person or persons, in the manner provided for in the provisions of the act, shall be subject to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 - 1894
4. Place of Birth, (Street and Number) 413 E. 24th Street
5. Full Name of Mother, Druella J. Earp
6. Mother's Maiden Name, Watts
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Stephen J. Earp
9. Father's Occupation, Seed Dealer
10. Father's Birthplace, Balto. Co Md
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, _____
- Remarks, _____

+ 8940002266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 13th 1894

4. Place of Birth, (Street and Number) 226 E. 7th Street

5. Full Name of Mother, Lottie Jackson

6. Mother's Maiden Name, Lottie Garrison

7. Mother's Birthplace, Balto.

8. Full Name of Father, Harmon Jackson

9. Father's Occupation, Distiller

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mr. H. C. Thompson

Address, 212 N. Pratt St. Balto.

Remarks, _____

+ 8 9 4 0 0 0 2 2 6 7

RETURN OF A BIRTH. 53488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 13th 1894

4. Place of Birth, (Street and Number) Canton Ave. 2312

5. Full Name of Mother, Mollie Schuster

6. Mother's Maiden Name, Germany

7. Mother's Birthplace, Germany

8. Full Name of Father, George Schuster

9. Father's Occupation, Carriage Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, Dr. J. H. Doe

Address, # 615 S. Patterson Ave.

Remarks, _____

1 8 9 4 0 0 0 2 2 6 8

In case of a birth occurring on the third day of each and every month in the office of the Commissioner of Health, or a physician or practitioner of medicine, or a midwife, or any other person, he is required to report the birth to the Commissioner of Health, or to the Registrar of Vital Statistics, within the period above required, and in the manner and within the provisions of this section, and if he fails to do so, he shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

and the said schedule shall be delivered, duly signed by the attendant, to the Registrar of Vital Statistics, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report the birth of such child to the Registrar of Vital Statistics, and to file with him a statement of such birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third:*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Color*
3. Date of Birth, *April 13*
4. Place of Birth, (Street and Number) *Balto Burgandy Alley 428*
5. Full Name of Mother, *Cora Lee Smith*
6. Mother's Maiden Name, *Cora Lee Burgess*
7. Mother's Birthplace, *Leatherville Virginia*
8. Full Name of Father, *Livonia T. Smith*
9. Father's Occupation, *Mariner*
10. Father's Birthplace, *Northumberland Co. Virginia*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary Maker*
Address, *11 York St*
Remarks, *Cora Smith*

1 8 9 4 0 0 0 2 2 6 9

RETURN OF A BIRTH. 55-490
 Statistics Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
 Sex female male

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 13 1898

3. Date of Birth, April 1, 1901
4. Place of Birth, (Street and Number) St. & Marshall St.
Selma Margraf

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks, ----- 1 8 9 4 0 0 0 2 2 7 0

[illegible]

GIVEN NAME ADDED - 4/20/72

RETURN OF A BIRTH. 55-491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MYRTLE ELIZABETH ECKERDT

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

The 4th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 1st of April 1894

4. Place of Birth, (Street and Number)

No 1414 Preston St

5. Full Name of Mother,

Lizzie Eckardt

6. Mother's Maiden Name,

Lizzie Lillman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John H. Eckardt

9. Father's Occupation

Teamster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. Ch. L. Lamm

Address,

No 1054 Harvard Ave

Remarks,

Real Child

Filed: 1894 8940002271

and the name of the mother, the date and place of birth, and the date of the birth of the child, shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother, immediately thereafter, shall become the legal attendant upon the child to report its birth to the Commissioner of Health, in the manner and within the period of such report as shall be prescribed by the Commissioner of Health, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

55492

On or before the first day of each year, each parent, guardian, next friend, or other person having custody of a child, shall cause the birth name and occupation of its parents, the date and place of birth, and the date of its baptism, to be entered in the birth record of the child. The birth record shall be entered in the birth record of the child on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending, and of the child to report its birth to the Commissioner of Health, within the period above required, and to cause the birth record of the child to be entered in the birth record of the child in compliance with the provisions of this section. shall be authorized to deliver for each offense, to be recovered as other fines and forfeitures are recoverable.

307

W. L. H. H.

April 18 1894

812 Dr. Lombard A.

Margaret S. Lovick

trial 3

Van Eenburg, Hermann

Hugo Stocabel

March 1900

Munich Germany

Alfred B. Casper

Feb. 11. 1882

Remarks,

8940002272

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 (3 living)
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11 1894
4. Place of Birth, (Street and Number) 402 Singer Avenue
5. Full Name of Mother, Emma R Davis
6. Mother's Maiden Name, Emma R Miller
7. Mother's Birthplace, York Co, Pa
8. Full Name of Father, Benjamin J Davis
9. Father's Occupation, Fireman
10. Father's Birthplace, Balt Co Md
Name of Medical Attendant, or other person who makes this Return, Mrs D Martin
Address, Mary
Remarks, 18940002274

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 53495
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race).*

3. Date of Birth, April 13, 94

4. Place of Birth, (Street and Number) 307 N. Gilman St.

5. Full Name of Mother, *Victoria Prevost*

6. Mother's Maiden Name, Phelps

7. Mother's Birthplace, *Mich*

8. Full Name of Father, Aphonse S. Prevost

9. Father's Occupation, Clark

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, 1002 Edmundson Ave

Remarks,

[illegible]

8940002275

RETURN OF A BIRTH. 53496

GIVEN NAME ADDED 8-9-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Viola Balderson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th 5- living

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14 1894
4. Place of Birth, (Street and Number) 27 Stone Hill Mount Vernon
5. Full Name of Mother, Martha J Bolderston
6. Mother's Maiden Name, Coffin
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, Edward W Bolderston
9. Father's Occupation, Mill Hand
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return.

Address, 2804 Cedar avenue City

Remarks, ...

8 9 4 0 0 0 2 2 7 6

shall determine shall be delivered, if signed by the practitioner for a practitioner, to a custodian, between the due date of such duty or such and every month of a physician or practitioner of midwifery, to cause the birth of any child, shall receive up to the date that the practitioner of midwifery or physician or practitioner of midwifery, or such other, immediately thereafter, it shall become the duty of the person or persons of such attendance upon the child, in the manner and within the period now required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be covered as other fines and forfeitures are recoverable to the fine of ten dollars for each offence.

RETURN OF A BIRTH.

53497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons so attending the child to report its birth to the Commissioner of Health, and if such person or persons shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 14th 1894*
 4. Place of Birth, (Street and Number) *Baltimore Ind 121 Stowell St*
 5. Full Name of Mother, *Maggie Metzger*
 6. Mother's Maiden Name, *Hyer*
 7. Mother's Birthplace, *Baltimore Ind.*
 8. Full Name of Father, *John Metzger*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore Ind.*
 Name of Medical Attendant, or other person who makes this Return, *Mrs Mary Quaring*
 Address, *414 S. Stricker St Baltimore Ind.*
 Remarks, *Father and Child are doing well.*

18940002277

RETURN OF A BIRTH.

55498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 16, 1894

4. Place of Birth, (Street and Number)

4248, Bunker St

5. Full Name of Mother,

Ida Grant

6. Mother's Maiden Name,

Ida Smith

7. Mother's Birthplace,

Easton Shore, Maryland

8. Full Name of Father,

Winder Grant

9. Father's Occupation,

laborer

10. Father's Birthplace,

Sharlotteville, Indiana, Co.

Name of Medical Attendant, or other person who makes this Return,

Carlisle Patton

Address,

416 419 Lewis St

Remarks,

Living Well

18940002278

and the date and place of birth; and the name and occupation of his parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother, or other person, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53499
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Child of Mother

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 15th 94.
 4. Place of Birth, (Street and Number) 428 North Castle St.
 5. Full Name of Mother, Eliza Branan
 6. Mother's Maiden Name, Eliza Murphy
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, James Branan
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Ireland
 Name of Medical Attendant, Mary Engelhaert
 Address, 1712 Easton Ave
 Remarks,

[illegible]

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur before the first day of the month, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the practitioner to report its birth to the Commissioner of Health, in the manner and within the period above provided for such reports of such births. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 15 1894

4. Place of Birth, (Street and Number) 1438 Plum St

5. Full Name of Mother, Garrison Griffin

6. Mother's Maiden Name, Garrison Richard

7. Mother's Birthplace, Baltimore MD

8. Full Name of Father, William Griffin

9. Father's Occupation, Labor

10. Father's Birthplace, Easton Shore Maryland

Name of Medical Attendant, or other person who makes this Return, Mary Ann ^{Chapman} ~~Mason~~

Address, 537 Walnut St

Remarks, Baltimore MD

+ 8 9 4 0 0 0 2 2 8 0

any child have been born, the full name and occupation of its parents, the date and place of birth; and the date and place of birth of the child, and the date and place of birth of any other child born and yet to be born, to the practitioner in the form of a certificate between the first and third days after the birth of the child, or should no other person be in attendance upon the mother, attendance of a physician or a nurse, or of a midwife, or of a practitioner, and the signature of the practitioner of health, in the manner and with the contents of this section shall be substituted for the signature of the practitioner of health. In the case of a child who shall hereafter fail to comply with the provisions of this section and who shall be convicted of an offense, he shall be fined not less than ten dollars and not more than twenty dollars for each offense, to the use of ten (10) dollars in each offense, to be recovered by the State.

Remarks,

1 8 9 4 0 0 0 2 2 8

and the
third day of each and every month to the office of the Registrar of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of medicine, the parents of such child
shall report in writing to the Registrar of Health, immediately thereafter, the date and place of birth of such
child to report in writing to the Registrar of Health, immediately thereafter, the date and place of birth of such
any such person or persons who shall fail to comply with the provisions of this section shall be
subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) -

3. Date of Birth, April 15th 1904

4. Place of Birth, (Street and Number) No. 246 Montfort Ave

5. Full Name of Mother, Lena Gross

6. Mother's Maiden Name, Muech

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Gross

9. Father's Occupation, Grain Store

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross

Address, No. 1907 E. Monument Str

Remarks, -

1 8 9 4 0 0 0 2 2 8 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parents, the date and place of birth, and the third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or about no other person be in attendance, the parent or parents of such child shall be liable to the penalty above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5350 *file*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name *Child: Anna Laura Fanny* *Badenhoop*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 15th 1894*
4. Place of Birth, (Street and Number) *865 W. Fayette St.*
5. Full Name of Mother, *Laura Badenhoop*
6. Mother's Maiden Name, *" " Bieherach*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Herman Badenhoop*
9. Father's Occupation, *Jeweler*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

M. Gombel M.D.
837 W. Fayette St.

8 9 4 0 0 0 2 2 8 3

RETURN OF A BIRTH. 55504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. Sex, (state whether ~~male~~ or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, April 19 1894

4. Place of Birth, (Street and Number) 909 Appleton St

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 4 4 0 0 0 2 2 8 4

RETURN OF A BIRTH. 55506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 15 April, 1894,
4. Place of Birth, (Street and Number) 1710 N. Dallas St. Balt., Md.,
5. Full Name of Mother, Lena Byrd,
6. Mother's Maiden Name, Lena Hoffman,
7. Mother's Birthplace, Baltimore, Md.,
8. Full Name of Father, Harry Lee Byrd,
9. Father's Occupation, Printer,
10. Father's Birthplace, Princess Anne County, Md.,
- Name of Medical Attendant, or other person who makes this Return, Miss M. Foster
- Address, 1600 East Lanval st
- Remarks, _____

18940002286

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55507

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 16/94

4. Place of Birth, (Street and Number) 1740 N. Calhoun

5. Full Name of Mother, Jennie Smith

6. Mother's Maiden Name, " Englar

7. Mother's Birthplace, Canoe Co. Md

8. Full Name of Father, Wm Smith

9. Father's Occupation, Stone dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W. Morris M.D

Address, 1871 Printman

Remarks, _____

8940002287

RETURN OF A BIRTH. 55508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 16/94

4. Place of Birth, (Street and Number) 1206 Riggs av

5. Full Name of Mother, Mary McCarthy

6. Mother's Maiden Name, Jane

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John M. McCarthy

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Genl W. W. W. W. D

Address, 1501 Purnellian

Remarks,

18940002288

and schedule shall be delivered, duly signed by the parent, the date and place of birth; and the third day of each and every month to the office of the Commissioner of the Department of Health, in the form of a certificate between the first and second day of each and every month, or in case of the birth of any child, immediately thereafter, if the parent or practitioner of midwifery or physician, or any other person, be liable to report its birth to the Commissioner of the Department of Health, in the manner and within the period above required, and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) African
3. Date of Birth, Ap. 16. 1894
4. Place of Birth, (Street and Number) Ballo. Wm. Maternity 297. Bond
5. Full Name of Mother, Annie Gough
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, unknown
9. Father's Occupation, "
10. Father's Birthplace, "
- Name of Medical Attendant, or other person who makes this Return, W. A. B. Sullivan M.D.
- Address, 5. E. Biddle St.
- Remarks, _____

1 8 9 4 0 0 0 2 2 8 9

55510

third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars; such offence, to be covered as other fines and forfeitures are recoverable.

Mariene L. Smith

Female

Calorcel

April 17 1894

1 Balto. city 854 Lemon St

Millicent Smith

Millicent Thorne

Glauster Co Va

Geo. H. Smith

Prime

Virginia

Address,

Remarks,

8 9 4 0 0 0 2 2 9 0

RETURN OF A BIRTH. 555/

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)... *Female*

2. Race or Color, (if not of the white race) White

3. Date of Birth. *second of April*

4. Place of Birth, (Street and Number)..... 1248 Laurel Street

5. Full Name of Mother, Miss A. J. Taylor

6. Mother's Maiden Name, Miss Anna Mergenthal

7. Mother's Birthplace, St. Louis, Mo.

8. Full Name of Father, *John A. Smith*

9. *Father's Occupation* Farmer

10. Father's Birthplace, ... *Calicut, India* ...

Name of Medical Attendant, or other person who makes this Return. Mrs. Beattie

Address, 711 Burr St

Remarks.

8 9 4 0 0 0 2 2 9 1

RETURN OF A BIRTH. 55513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every person who has the duty of reporting the birth of a child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 3, 1894*

4. Place of Birth, (Street and Number) *No. 1821, Ariswirth St*

5. Full Name of Mother, *Virginia Farley*

6. Mother's Maiden Name, *Virginia McCulloch*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Charles Farley*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *Aug. A. Okwell, M.D.*

Address, *1741 Harford Ave.*

Remarks,

18940002293

been corrected, his sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be duly signed by the practitioner in the form of a certificate of birth, and the birth of any child shall occur without the attendance of a physician or other person, or it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above provided, and any such person who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-27-56
RETURN OF A BIRTH. 55574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophia Alice ~~Zimmerman~~ Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

th April 3 Tuesday - 1894

4. Place of Birth, (Street and Number)

1627 Race St

5. Full Name of Mother,

Grace Zimmerman

6. Mother's Maiden Name,

Leise Kipchen

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jacob Zimmerman

9. Father's Occupation,

Wood Carver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Bange

Address,

711 Green Street

Remarks,

8 9 4 0 0 0 2 2 9 4

RETURN OF A BIRTH. 53575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2d.

1. Sex, (state whether male or female)..... *York*

2. Race or Color, (if not of the white race) Male
1/2 8

3. Date of Birth. 1155 Carroll St.

4. Place of Birth, (Street and Number) *1100 N. 1st St. Kansas City, Mo.*

5. Full Name of Mother, Mary Jackson

6. Mother's Maiden Name, Cheryl Mary
St. Louis, Missouri

7. Mother's Birthplace, Albany, N. Y.

5. Full Name of Father, Henry Alexander
Stuber arinder (Glass)

9. Father's Occupation Miner T. T. Lathrop German

10. Father's Birthplace, Chomolungma China 1887

Name of Medical Attendant, _____ or other person who makes this Return, _____

Address, 111 Gay St.

Remarks.

8 9 4 0 0 0 2 2 9 5

RETURN OF A BIRTH. 55376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).—

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. Mother's Birthplace.

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.

8 9 4 0 0 0 2 2 9 6

RETURN OF A BIRTH. 55377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 Kind

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 April

4. Place of Birth, (Street and Number) 1311 Pratt str

5. Full Name of Mother, Fanny S. Sydman

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Samuel Sydman

9. Father's Occupation, Butcher

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, _____

Address, 1113 E. Pratt str

Remarks, _____

8940002297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, 2^d of April

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other person who
makes this Return.

Address.

Remarks.

8 9 4 0 0 0 2 2 9 8

RETURN OF A BIRTH. 53579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd of April 94

4. Place of Birth, (Street and Number) 434 Pulaski St

5. Full Name of Mother, Ester Branslie

6. Mother's Maiden Name, Ester Eisenberg

7. Mother's Birthplace, Pole

8. Full Name of Father, Jacob Branslie

9. Father's Occupation, Labor

10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Friederike Reuter Midwife

Address, 2116 West Pratt St

Remarks,

1 8 9 4 0 0 0 2 2 9 9

RETURN OF A BIRTH. 53520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Boy.

2. Race or Color, (if not of the white race) Black.

3. Date of Birth, April 3.

4. Place of Birth, (Street and Number) 568. Biddle st.

5. Full Name of Mother, Ellen Stewart, Jackson

6. Mother's Maiden Name, Ellen Stewart.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Jackson

9. Father's Occupation, Joiner

10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, W. S.

Address, 520 St German st.

Remarks, _____

8940002300

and schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each month, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of said child to report its birth to the Commissioner of Health, in the manner and to the effect provided in this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3rd April 94

4. Place of Birth. (Street and Number) 32 Steffart St.

5. Full Name of Mother, Bertha Grove

6. Mother's Maiden Name, Bertie Hibbsley

7. *Mother's Birthplace,* Italy

8. Full Name of Father, William Grove

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Walla

Name of Medical Attendant, or other person who makes this Return, -- *Tricentine Acker Midwife*

Address, 2110 West 4th St

Remarks: ☐ 1.0.0 ☐ 1.0.1 ☐ 1.0.2 ☐ 1.0.3 ☐ 1.0.4 ☐ 1.0.5 ☐ 1.0.6 ☐ 1.0.7 ☐ 1.0.8 ☐ 1.0.9 ☐ 1.0.10 ☐ 1.0.11 ☐ 1.0.12 ☐ 1.0.13 ☐ 1.0.14 ☐ 1.0.15 ☐ 1.0.16 ☐ 1.0.17 ☐ 1.0.18 ☐ 1.0.19 ☐ 1.0.20 ☐ 1.0.21 ☐ 1.0.22 ☐ 1.0.23 ☐ 1.0.24 ☐ 1.0.25 ☐ 1.0.26 ☐ 1.0.27 ☐ 1.0.28 ☐ 1.0.29 ☐ 1.0.30 ☐ 1.0.31 ☐ 1.0.32 ☐ 1.0.33 ☐ 1.0.34 ☐ 1.0.35 ☐ 1.0.36 ☐ 1.0.37 ☐ 1.0.38 ☐ 1.0.39 ☐ 1.0.40 ☐ 1.0.41 ☐ 1.0.42 ☐ 1.0.43 ☐ 1.0.44 ☐ 1.0.45 ☐ 1.0.46 ☐ 1.0.47 ☐ 1.0.48 ☐ 1.0.49 ☐ 1.0.50 ☐ 1.0.51 ☐ 1.0.52 ☐ 1.0.53 ☐ 1.0.54 ☐ 1.0.55 ☐ 1.0.56 ☐ 1.0.57 ☐ 1.0.58 ☐ 1.0.59 ☐ 1.0.60 ☐ 1.0.61 ☐ 1.0.62 ☐ 1.0.63 ☐ 1.0.64 ☐ 1.0.65 ☐ 1.0.66 ☐ 1.0.67 ☐ 1.0.68 ☐ 1.0.69 ☐ 1.0.70 ☐ 1.0.71 ☐ 1.0.72 ☐ 1.0.73 ☐ 1.0.74 ☐ 1.0.75 ☐ 1.0.76 ☐ 1.0.77 ☐ 1.0.78 ☐ 1.0.79 ☐ 1.0.80 ☐ 1.0.81 ☐ 1.0.82 ☐ 1.0.83 ☐ 1.0.84 ☐ 1.0.85 ☐ 1.0.86 ☐ 1.0.87 ☐ 1.0.88 ☐ 1.0.89 ☐ 1.0.90 ☐ 1.0.91 ☐ 1.0.92 ☐ 1.0.93 ☐ 1.0.94 ☐ 1.0.95 ☐ 1.0.96 ☐ 1.0.97 ☐ 1.0.98 ☐ 1.0.99 ☐ 1.0.100 ☐ 1.0.101 ☐ 1.0.102 ☐ 1.0.103 ☐ 1.0.104 ☐ 1.0.105 ☐ 1.0.106 ☐ 1.0.107 ☐ 1.0.108 ☐ 1.0.109 ☐ 1.0.110 ☐ 1.0.111 ☐ 1.0.112 ☐ 1.0.113 ☐ 1.0.114 ☐ 1.0.115 ☐ 1.0.116 ☐ 1.0.117 ☐ 1.0.118 ☐ 1.0.119 ☐ 1.0.120 ☐ 1.0.121 ☐ 1.0.122 ☐ 1.0.123 ☐ 1.0.124 ☐ 1.0.125 ☐ 1.0.126 ☐ 1.0.127 ☐ 1.0.128 ☐ 1.0.129 ☐ 1.0.130 ☐ 1.0.131 ☐ 1.0.132 ☐ 1.0.133 ☐ 1.0.134 ☐ 1.0.135 ☐ 1.0.136 ☐ 1.0.137 ☐ 1.0.138 ☐ 1.0.139 ☐ 1.0.140 ☐ 1.0.141 ☐ 1.0.142 ☐ 1.0.143 ☐ 1.0.144 ☐ 1.0.145 ☐ 1.0.146 ☐ 1.0.147 ☐ 1.0.148 ☐ 1.0.149 ☐ 1.0.150 ☐ 1.0.151 ☐ 1.0.152 ☐ 1.0.153 ☐ 1.0.154 ☐ 1.0.155 ☐ 1.0.156 ☐ 1.0.157 ☐ 1.0.158 ☐ 1.0.159 ☐ 1.0.160 ☐ 1.0.161 ☐ 1.0.162 ☐ 1.0.163 ☐ 1.0.164 ☐ 1.0.165 ☐ 1.0.166 ☐ 1.0.167 ☐ 1.0.168 ☐ 1.0.169 ☐ 1.0.170 ☐ 1.0.171 ☐ 1.0.172 ☐ 1.0.173 ☐ 1.0.174 ☐ 1.0.175 ☐ 1.0.176 ☐ 1.0.177 ☐ 1.0.178 ☐ 1.0.179 ☐ 1.0.180 ☐ 1.0.181 ☐ 1.0.182 ☐ 1.0.183 ☐ 1.0.184 ☐ 1.0.185 ☐ 1.0.186 ☐ 1.0.187 ☐ 1.0.188 ☐ 1.0.189 ☐ 1.0.190 ☐ 1.0.191 ☐ 1.0.192 ☐ 1.0.193 ☐ 1.0.194 ☐ 1.0.195 ☐ 1.0.196 ☐ 1.0.197 ☐ 1.0.198 ☐ 1.0.199 ☐ 1.0.200 ☐ 1.0.201 ☐ 1.0.202 ☐ 1.0.203 ☐ 1.0.204 ☐ 1.0.205 ☐ 1.0.206 ☐ 1.0.207 ☐ 1.0.208 ☐ 1.0.209 ☐ 1.0.210 ☐ 1.0.211 ☐ 1.0.212 ☐ 1.0.213 ☐ 1.0.214 ☐ 1.0.215 ☐ 1.0.216 ☐ 1.0.217 ☐ 1.0.218 ☐ 1.0.219 ☐ 1.0.220 ☐ 1.0.221 ☐ 1.0.222 ☐ 1.0.223 ☐ 1.0.224 ☐ 1.0.225 ☐ 1.0.226 ☐ 1.0.227 ☐ 1.0.228 ☐ 1.0.229 ☐ 1.0.230 ☐ 1.0.231 ☐ 1.0.232 ☐ 1.0.233 ☐ 1.0.234 ☐ 1.0.235 ☐ 1.0.236 ☐ 1.0.237 ☐ 1.0.238 ☐ 1.0.239 ☐ 1.0.240 ☐ 1.0.241 ☐ 1.0.242 ☐ 1.0.243 ☐ 1.0.244 ☐ 1.0.245 ☐ 1.0.246 ☐ 1.0.247 ☐ 1.0.248 ☐ 1.0.249 ☐ 1.0.250 ☐ 1.0.251 ☐ 1.0.252 ☐ 1.0.253 ☐ 1.0.254 ☐ 1.0.255 ☐ 1.0.256 ☐ 1.0.257 ☐ 1.0.258 ☐ 1.0.259 ☐ 1.0.260 ☐ 1.0.261 ☐ 1.0.262 ☐ 1.0.263 ☐ 1.0.264 ☐ 1.0.265 ☐ 1.0.266 ☐ 1.0.267 ☐ 1.0.268 ☐ 1.0.269 ☐ 1.0.270 ☐ 1.0.271 ☐ 1.0.272 ☐ 1.0.273 ☐ 1.0.274 ☐ 1.0.275 ☐ 1.0.276 ☐ 1.0.277 ☐ 1.0.278 ☐ 1.0.279 ☐ 1.0.280 ☐ 1.0.281 ☐ 1.0.282 ☐ 1.0.283 ☐ 1.0.284 ☐ 1.0.285 ☐ 1.0.286 ☐ 1.0.287 ☐ 1.0.288 ☐ 1.0.289 ☐ 1.0.290 ☐ 1.0.291 ☐ 1.0.292 ☐ 1.0.293 ☐ 1.0.294 ☐ 1.0.295 ☐ 1.0.296 ☐ 1.0.29

8 9 4 0 0 0 2 3 0 1

RETURN OF A BIRTH. 555-22
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

3. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who made this Return.

Address, 1427 E. Pratt St

Remarks,

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 4 0 0 0 2 3 0 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each year on which the child was born. In case the birth of any child shall occur without the attendance of a physician, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period of time prescribed by the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-9-55

RETURN OF A BIRTH. 55523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Schwartzman

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5th of April 94*
4. Place of Birth, (Street and Number) *400 Pylaskie St.*
5. Full Name of Mother, *Sarah Schwartzman*
6. Mother's Maiden Name, *Sarah Goldberg*
7. Mother's Birthplace, *Pole*
8. Full Name of Father, *Joseph Schwartzman*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Pole*

Name of Medical Attendant, or other person who makes this Return, *Friederike Heuler Midwife*

Address, *2116 West Pratt St.*

Remarks,

1 8 9 4 0 0 0 2 3 0 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered to the office of the practitioner in the form of a certificate between the first and third day of each and every month to the office of a physician or practitioner of midwifery, in case the birth of any child is attended by the attendance of a physician or practitioner of midwifery, and in case no other person be in attendance, the certificate shall be immediately thereafter by the practitioner of midwifery, in case the birth of any child is attended by the attendance of a physician or practitioner of midwifery, in the manner and within the period above required, or such any such person or persons who shall hereafter fall under the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. -

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th of April 94

4. Place of Birth, (Street and Number) 8. Garrison Lane

5. Full Name of Mother, Kate Maempel

6. Mother's Maiden Name, Kate Benzeler

7. Mother's Birthplace, Balto

8. Full Name of Father, Louis Maempel

9. Father's Occupation, Fruit Yorker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 Mont Pitt St

Remarks,

8940002304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, April 6th 1894

4: Place of Birth. (Street and Number).....805 Edmonton Ave

5. Full Name of Mother. Marion E. Mass

6. Mother's Maiden Name, Mrs. E. Lomas

7. Mother's Birthplace, Bath, Co.

8. Full Name of Father, Frederick Moss

9. Father's Occupation Bar Keeper

10. *Father's Birthplace,* Malto Gil---

Name of Medical Attendant, or other person who makes this Return. J. H. Miller

Address. 222 W. Monroe St

Remarks.

8 9 4 0 0 0 2 3 0 5

been concerned for its parents, the full name and occupation of its parents, and the date and place of birth; and the said schedule shall be delivered to the practitioner in the form of a certificate between the first and third day of each and every month to certify the state of the mother's health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother shall be required to attend upon the mother, immediately thereafter it shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, April 7, 1900 (9 o'clock Morning)

4. Place of Birth, (Street and Number) 1201. Harrison St.

5. Full Name of Mother, Elizabeth Catharine Appel

6. Mother's Maiden Name, Gutthor

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Heinrich Appel

9. Father's Occupation, Laborer

10. Father's Birthplace, Hitzler - Germany

Name of Medical Attendant, or other person who makes this Return, Mr. Marie Kaus, from

Address, The Evening Dispensary 614 S. Charles St.

Remarks, _____

8 9 4 0 0 0 2 3 0 6

RETURN OF A BIRTH. 55527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, April 8, 1894, 4th afternoon.
4. Place of Birth, (Street and Number) 132 W. Henrietta Street.
5. Full Name of Mother, Katie Sophie Carter,
6. Mother's Maiden Name, Kappzel,
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Carter
9. Father's Occupation, Laborer
10. Father's Birthplace, Warrminster - England.

Name of Medical Attendant, or other person who makes this Return, Mr. M. Kaine, Junr

Address, The Evening Dispensary 614 S. Charles Street

Remarks, _____

18940002307

been conferred his sex, color, the full name and occupation of his parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, in case the birth or death shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, April 8 1894

4. Place of Birth, (Street and Number) 1016 Eastern Ave.

5. Full Name of Mother, Christina J. Schreiner

6. Mother's Maiden Name, Pickers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Schreiner

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who made this Return, Mary Stein

Address, 1429 E. Pratt St.

Remarks, _____

55528

RETURN OF A BIRTH. 55529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 8th 1894

4. Place of Birth, (Street and Number) 2506 E. Baltimore St. City

5. Full Name of Mother, Effie Chase Downes

6. Mother's Maiden Name, Chase

7. Mother's Birthplace, New Haven Conn.

8. Full Name of Father, Joseph Lodawick Downes

9. Father's Occupation, Life Ins. Agent

10. Father's Birthplace, Livermore, Cal. Md.

Name of Medical Attendant, or other person who makes this Return, E. P. Cross M.D.

Address, 1835 E. Baltimore St.

Remarks, _____

18940002309

been conferred; his sex, color, the full name and occupation of his parents, the date and place of birth; and the said certificate shall be delivered to the mother or to the practitioner in the form of a certificate between the first and third day of the month following the birth of the child, and the mother or practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the practitioner in the form of a certificate between the said practitioner and the parent or guardian of the child. In case the birth of any child should occur without the attendance of a physician or practitioner of medicine, the parent or guardian of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and pay such person or persons who shall hereafter fail to do so, the sum of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, April 9th 1894
4. Place of Birth, (Street and Number) 1101 Pennsylvania Ave
5. Full Name of Mother, Mary Swinsland
6. Mother's Maiden Name, Mary Morron
7. Mother's Birthplace, Balto City
8. Full Name of Father, Alvin P. Swinsland
9. Father's Occupation, Shiner
10. Father's Birthplace, Balto City
- Name of Medical Attendant, or other person who makes this Return, J. Meller
- Address, 222 W. Monument St.
- Remarks, _____

18940002310

RETURN OF A BIRTH. 5553/

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: ~~Etha M~~ Bowling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) _____ *White*
 2. Race or Color, (if not of the white race) _____ *April 9th 1894*
 3. Date of Birth, _____ *1710 Johnson*
 4. Place of Birth, (Street and Number), _____ *Adeline Dowling*
 5. Full Name of Mother, _____ *" Astor*
 6. Mother's Maiden Name, _____ *Ann A. Co. Uel*
 7. Mother's Birthplace, _____ *Jas. Dowling*
 8. Full Name of Father, _____ *Car. Smith*
 9. Father's Occupation, _____ *Rent Co. Uel*
 10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 2 3 11

[illegible]

GIVEN NAME ADDED 10-16-57 BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

3. Date of Birth, April 16, 1901

4. Place of Birth, (Street and Number) #611 Ocean Avenue
Jama Mar. Mor.

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation...

10. *Father's Birthplace,*
& Medical Att

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1-8-9-4-0-0-0-2-3-1-3

RETURN OF A BIRTH. 53538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940002315

been conferred the sex, color, the full name and occupation of its parents, the date, place, between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth of the child, the mother or father, or any other person, shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, for each person or persons who shall thereafter fail to file with the Registrar of Vital Statistics, Board of Health, a return of the birth of the child, as required, and to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-16-49

RETURN OF A BIRTH. 53336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Wielata E. Greenholtz
 Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3d.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1st

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth, April 10 (11 o'clock Evening).
4. Place of Birth, (Street and Number) 1810 Hawthorn St.
5. Full Name of Mother, Ellie, Virginia Greenholtz,
6. Mother's Maiden Name, Linscomb
7. Mother's Birthplace, Fredrick County Md.
8. Full Name of Father, William Elmer, Elmer Greenholtz,
9. Father's Occupation, Editor (Feb. Feb. 5, 1894.)
10. Father's Birthplace, Fredrick County Md.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Lane Surgeon U.S.A.

Address..... Evening Dispensary, 614 P. Third Street.

Remarks,

8940002316

shall be delivered, duly signed by the practitioner in the form of a certificate, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended upon by a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the practitioner of midwifery, or the physician or practitioner of midwifery, or the person or persons of such child to report to the Commissioner of Health, in the manner and to the effect hereinafter provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 10/94

4. Place of Birth, (Street and Number) 1832 Thomas St

5. Full Name of Mother, Barbara Driver

6. Mother's Maiden Name, Barbara Brown

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Driver

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, May, E. Piegay

Address, 1903 Gough St

Remarks, _____

8 9 4 0 0 0 2 3 1 7

GIVEN NAME ADDED - 10-31-61
RETURN OF A BIRTH. 55538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ANNA VIRGINIA ~~PURCELL~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH. 55339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940002319

been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and the second child shall be duly made and the same shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother and within the period above required, and child to report its birth to the Commissioner, and shall be subject to the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th of April 94

4. Place of Birth, (Street and Number) 304 Wilkes St.

5. Full Name of Mother, Alice Miles

6. Mother's Maiden Name, Alice Banks

7. Mother's Birthplace, England

8. Full Name of Father, D. Webster Miles

9. Father's Occupation, Editor

10. Father's Birthplace, Maine

Name of Medical Attendant, or other person who makes this Return, Fredericka Hewles Midwife

Address, 2116 West Pratt St.

Remarks,

1 8 9 4 0 0 0 2 3 2 0

RETURN OF A BIRTH. 55541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Florence Knapp

1. Sex, (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 12th April 1894

4. Place of Birth, (Street and Number) 829 South Charles st

5. Full Name of Mother, Dorothea Knapp

6. Mother's Maiden Name, Engelhardt

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Louis H. Knapp

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Calvin A. Munnich

Address, 517 South Charles St.

Remarks, CITY NAME ADDED. 9-2-53

8 7 4 0 0 2 3 2 1

When completed, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant, shall be filled in by the practitioner in the form of this certificate, and the said certificate shall be delivered, duly signed by the practitioner, to the office of the Registrar of Vital Statistics, Baltimore City, on or before the third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, in the case of the birth of any child, shall occur without the attendance of a physician, or of a midwife, or of a practitioner of medicine, or of a practitioner of nursing, or of any other person, or persons, in the manner and within the time specified in this section, it shall become the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 0 0

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth, April 12 (12. 30 o'clock Morning).
4. Place of Birth, (Street and Number) 1110 Canal Street.
5. Full Name of Mother, Lucas Elizabeth Garrison
6. Mother's Maiden Name, Lucas.
7. Mother's Birthplace, New York
8. Full Name of Father, John Garrison
9. Father's Occupation Book
10. Father's Birthplace, Baltimore Md
Name of Medical Attendant, or other person who makes this Return, Mr. M. Hannel from the
Address, Growing Dispensary 614 S. Thacker Street
Remarks,

8 9 4 0 0 0 2 3 2 2

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its delivery, and the date of its registration. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or persons who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to cause the birth of such child to be registered in the office of the Registrar of Vital Statistics, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *April 12 - 1894*

4. Place of Birth, (Street and Number) *245 S. Central Ave.*

5. Full Name of Mother, *Maggie S. Grainer*

6. Mother's Maiden Name, *Beally*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Grainer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who made this Return, *Mary Stein*

Address, *1427 E. Pratt St.*

Remarks,

18940002323

any minor child have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, and the said certificate shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, and the said certificate shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lucy Virginia Berry
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d* *55544*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *April 12th / 94.*
4. Place of Birth, (Street and Number) *509 W. Hoffman St.*
5. Full Name of Mother, *Lorah Berry*
6. Mother's Maiden Name, *Lorah Woodland*
7. Mother's Birthplace, *St. Marys Co. Md.*
8. Full Name of Father, *John Berry*
9. Father's Occupation, *Cachman*
10. Father's Birthplace, *Balto. Co. Md.*

Name of Medical Attendant, or other Person who makes this Return *Edward E. Mackenzie, M.D.*

Address, *1144 Eutan Place*

Remarks, _____

8 9 4 0 0 0 2 3 2 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation.....
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks, --

8 9 4 0 0 0 2 3 2 5

RETURN OF A BIRTH. 55546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 2 3 2 6

said schedule shall be delivered, duly signed by the practitioner of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, and the mother, immediately thereafter, it shall become the duty of the persons or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the third day of its life, and the name of the physician or practitioner of midwifery, or whoever the first child attend to, shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, and shall occur without the necessity of any fee. Any person who shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 13th April 1894

4. Place of Birth, (Street and Number) 1127 Havenor

5. Full Name of Mother, Mary Murray

6. Mother's Maiden Name, Mc Dermott

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Murray

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H W Webb

Address, 408 Havenor

Remarks, _____

18940002327

and schedule of birth, sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of death, if known, of the mother, and the date and place of death, if known, of the child. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Apr 13 94

4. Place of Birth, (Street and Number) Free Syng in Hosp. 622 W. Lombard St

5. Full Name of Mother, Mary Brown

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. Arthur M. D. Jr. Bedt

Address, Free Syng in Hospital 622 W. Lombard St

Remarks,

+ 8 9 4 0 0 0 2 3 2 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55549

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, April 13 94

4. Place of Birth, (Street and Number) Free Lying in Hospital 622 W. Lombard St

5. Full Name of Mother, Sophia Washington

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, Harry K. Arthur MD In Residence

Address, Free Lying in Hospital 622 W. Lombard St

Remarks, _____

18940002329

and every person who shall have a child born in Baltimore City, and every person who shall have a child born in Baltimore City, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.

8 9 4 0 0 0 2 3 3 0

shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother or other person be in attendance upon the mother, immediately thereafter it shall become the duty of this section above required, and any such person shall be liable to report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 55337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Negro.

3. Date of Birth, April 30th 1894

4. Place of Birth (Street and Number), Little George St. No. 711

5. Full Name of Mother, Helen Elizabeth Murdoch.

6. Mother's Maiden Name, Brown.

7. Mother's Birthplace, Petersville, Frederick Co. Md.

8. Full Name of Father, Robert Andrew Murdoch.

9. Father's Occupation, Blacksmith.

10. Father's Birthplace, West River Annapolis Co. Md.

Name of Medical Attendant, or other person who makes this Return, H. L. Daley

Address, 1129 D. and Hill Ave

Remarks, _____

been conferred the sex, color, the full name and occupation of its parents, the day, place of birth, and the said schedule shall be filled out, and every birth shall be registered, only signed by the practitioner in the form of a certificate for the day of each and every birth, and the certificate shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father, or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period and under the penalty provided for in this section, or fail to comply with the provisions of this section shall be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Friday Sept 13*
4. Place of Birth, (Street and Number) *City #1564 Ridgely*
5. Full Name of Mother, *Mrs. Lora Schutt*
6. Mother's Maiden Name, *Lena Oberhardt*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Mr. John Schutt*
9. Father's Occupation, *Stable Man*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Baugh*
- Address, *211 Crook St*
- Remarks, _____

1 8 9 4 0 0 0 2 3 3 2

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of its birth, and the date of its registration. In case the birth of any child shall occur within every month to the practitioner or practitioner of midwifery, or should no other person be in attendance, the practitioner or practitioner of midwifery, or should no other person be in attendance, shall report its birth to the Commissioner of Health, in the manner and within the time specified in such regulations as the Board of Health may from time to time prescribe. In case the birth of any child shall occur within every month to the practitioner or practitioner of midwifery, or should no other person be in attendance, the practitioner or practitioner of midwifery, or should no other person be in attendance, shall report its birth to the Commissioner of Health, in the manner and within the time specified in such regulations as the Board of Health may from time to time prescribe. In case the birth of any child shall occur within every month to the practitioner or practitioner of midwifery, or should no other person be in attendance, the practitioner or practitioner of midwifery, or should no other person be in attendance, shall report its birth to the Commissioner of Health, in the manner and within the time specified in such regulations as the Board of Health may from time to time prescribe.

RETURN OF A BIRTH. 55553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 5

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 13th 1893

4. Place of Birth, (Street and Number) 1832 N. U. St.

5. Full Name of Mother, Lizzie Zakik

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Zakik

9. Father's Occupation, Carpenter

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Henry Keptis

Address, 205 N. Washington St.

Remarks, _____

1 8 9 4 0 0 0 2 3 3 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 13th April
 4. Place of Birth, (Street and Number) Baltimore City
 5. Full Name of Mother, Harriet Mary Rogers
 6. Mother's Maiden Name, Franca May Belt
 7. Mother's Birthplace, Frederick City Md.
 8. Full Name of Father, John Louis Rogers
 9. Father's Occupation, Tobacco Worker
 10. Father's Birthplace, Baltimore City Md.
 Name of Medical Attendant, or other person who makes this Return, Dr. Perry
 Address, 74 Barr St
 Remarks,

8 9 4 0 0 0 2 3 3 4

RETURN OF A BIRTH. 53555-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13th 1894
4. Place of Birth, (Street and Number) 245 E. Chestnut St.
5. Full Name of Mother, Barbara Spahn
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Spahn
9. Father's Occupation, Solomon Keeper
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mary Kepner
- Address, 205 N. Washington St.
- Remarks, _____

18940002335

RETURN OF A BIRTH. 5555-6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 2 3 3 6

RETURN OF A BIRTH. 55557.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 14th 1894

4. Place of Birth, (Street and Number) 613. Warner Street

5. Full Name of Mother, Mary Stein

6. Mother's Maiden Name, Mary Heigarter

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William Stein

9. Father's Occupation, House Bee Maker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. B. B. B.

Address, 711 E. E. St.

Remarks,

8 9 4 0 0 0 2 3 3 7

been conferred, his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, within the third day of each and every month of the year, or to the Registrar of Health, in case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

55558

GIVEN NAME ADDED 8-9-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Mary Josephine Lingerman*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

April 14. 94.

4. Place of Birth, (Street and Number)

678 W. Mulberry St.

5. Full Name of Mother,

Josephine Lingerman
Ware

6. Mother's Maiden Name,

Ware

7. Mother's Birthplace,

Bernard Lingerman

8. Full Name of Father,

Stone Cutter

9. Father's Occupation,

Balt. Ind.

10. Father's Birthplace,

Alfred Mustard Ind.

Name of Medical Attendant, or other person who makes this Return.

921 Cathedral St.

Address,

Remarks,

1 8 9 4 0 0 0 2 3 3 8

any child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name and occupation of the father, the full name and occupation of the mother, the full name and occupation of the child, the sex, color, the full name and occupation of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person attending the birth of the child to report its birth to the Commissioner of Health, and shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 14th 1894

4. Place of Birth, (Street and Number) 1126 McCulloch St

5. Full Name of Mother, Jessie Riace

6. Mother's Maiden Name, Webb

7. Mother's Birthplace, Woodberry

8. Full Name of Father, Harry Lee Riace

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. H. Free M.D.

Address, 602 N Carey St

Remarks,

1 8 9 4 0 0 0 2 3 3 9

~~5556~~

month) and shall set forth as far as the time can be ascertained, the full name of each child, if any small child be conferred, its sex, color, the full name and address of the person to whom the certificate shall be delivered, duly signed by the practitioner in the form, and date and place of birth; and the third occur without the necessity of any further report to the office of the Commissioner of Health. In case the birth of a child shall occur without the necessity of any further report to the office of the Commissioner of Health, the person or persons be in attendance upon the mother, immediately thereafter, shall report to the Commissioner of Health, in the manner and within the time specified, the birth of the child, and shall further fail to comply with the provisions of this section, shall be deemed to be in default, and shall be liable to a fine of ten dollars and forfeit such other dues and forfeitures as may be required, and shall be liable to be covered as other dues and forfeitures are recovered.

15th

Formula

Q-uite

April 14th

10/19 112 Lexington St

B. B. Baker

11 11 Hessler

Baltimore Md

Frank Chapin

2

Herbert A. Perry

Mr. J. H. H. H. H.

206 H. Schmitt, St

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040

8 9 4 0 0 0 2 3 4 0

RETURN OF A BIRTH. 55561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person who shall fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 14, 1894

4. Place of Birth, (Street and Number) 730 Robinson St.

5. Full Name of Mother, Frances Fisher

6. Mother's Maiden Name, Loockline

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Fisher

9. Father's Occupation, carriage maker

10. Father's Birthplace, Prussia, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. G. W. Smith

Address, 124 Gunton St.

Remarks, _____

8940002341

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its christening, shall be delivered, duly attested, to the Registrar of Vital Statistics, Baltimore City, within the month following the birth of the child. The Registrar of Vital Statistics, Baltimore City, shall also receive from the practitioner in the form of certificate, in case the child is born in the city, the attendance of a physician or practitioner, or should no other of any child be present, the attendance of a midwife, or should no other of any child be present, the attendance of a nurse, in the manner and within the time above required, and shall be subject to the provisions of this section, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) V

3. Date of Birth, April 14 - 1894

4. Place of Birth, (Street and Number) V 437 Pinkney Pl

5. Full Name of Mother, V Marion Taylor

6. Mother's Maiden Name, " Fountain

7. Mother's Birthplace, Balt

8. Full Name of Father, James S. Taylor

9. Father's Occupation, V Pressman

10. Father's Birthplace, V Richmond Va

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary A. Allwell

Address, 1438 N. Bond St

Remarks, _____

8940002342

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

II

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 14

4. Place of Birth, (Street and Number)

2 Parish Court

5. Full Name of Mother,

Minnie Gross

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Harry H. Arthur M.D. Ind. S. H. S.

Address,

210 Hospital 622 W Lombard St

Remarks,

1 8 9 4 0 0 0 2 3 4 3

RETURN OF A BIRTH. 55564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)...

White

3. Date of Birth, Apr 14

4. Place of Birth, (Street and Number)...

Free Lying in Hospital 622 W Lombard St

5. Full Name of Mother, Nellie Harper

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry K. Arthur MD

Address, Free Lying in Hospital 622 W Lombard St

Remarks,

1 8 9 4 0 0 0 2 3 4 4

RETURN OF A BIRTH 53565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, and the same shall be filed, to the office of the Registrar of Births, on the third day of each and every month to the office of the Registrar of Births, and the Registrar of Births shall occur without the attendance of a physician or practitioner of midwifery, or should no birth of any child shall occur upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to present the same to the Registrar of Births, in the manner and within the period above required, and any such person or persons who shall hereafter fail to so present the same, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-5-58
RETURN OF A BIRTH. 5566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alexander Conrad

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female). *male.*
2. Race or Color, (if not of the white race). *white.*
3. Date of Birth. *15th of April - 1894*
4. Place of Birth, (Street and Number). *651 Myeth street.*
5. Full Name of Mother. *Emma Louise Conrad*
6. Mother's Maiden Name. *Emma Louise Nalhe*
7. Mother's Birthplace. *Bremen Germany.*
8. Full Name of Father. *Henry Conrad*
9. Father's Occupation. *Piano Maker*
10. Father's Birthplace. *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

18940002346

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of delivery, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided in the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 55567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, April 1 94

4. Place of Birth, (Street and Number) 1408 Baltimore Ave

5. Full Name of Mother, Mrs. Mary A. Lewis

6. Mother's Maiden Name, Henderson

7. Mother's Birthplace, Birmingham, Alabama

8. Full Name of Father, Louis A. Lewis

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Boyd

Address, 117 E. Madison Ave

Remarks,

18940002347

month, and shall set forth as far as the name can be ascertained, the full name of each child; if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person shall occur without the attendance of the practitioner, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second - third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 15th 1894*

4. Place of Birth, (Street and Number) *1109 W. Franklin St*

5. Full Name of Mother, *Annie McCallan*

6. Mother's Maiden Name, *Annie Deauble*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Alvin McCallan*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Dr. Phillips*

Address, *753 W. Lexington*

Remarks, *Living*

8940002348

month, and shall set forth as follows:—The full name of the child, (if any shall have been conferred its sex, color, the full name of the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should an other person be in attendance, the person or persons attending the birth of such child shall report to the Commissioner of Health, in the manner and within the time specified in such act, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 15th 94

4. Place of Birth, (Street and Number)

407 E. Hamburg St

5. Full Name of Mother,

Amelia C. Sengeritz

6. Mother's Maiden Name,

Amelia C. Ghisler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Sengeritz

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

J. F. Phillips

Address,

753 N. Lexington

Remarks,

8940002349

RETURN OF A BIRTH. 553 10

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr. 15th 1894

4. Place of Birth, (Street and Number) 1427 E. Preston st.

5. Full Name of Mother, Hattie G. Wilcox

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, city

8. Full Name of Father, Elmer E. Wilcox

9. Father's Occupation, Keeper of livery stable

10. Father's Birthplace, city

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby M. D.

Address, 1219 N. Caroline st.

Remarks,

8 9 4 0 0 0 2 3 5 0

RETURN OF A BIRTH. 55371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Alfred Strantz Thiele
No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... male
2. Race or Color, (if not of the white race)..... white
3. Date of Birth, 15. April - 1894
4. Place of Birth, (Street and Number)..... 1117 Pinkney St
5. Full Name of Mother, Hedwig Strantz
6. Mother's Maiden Name, Kuechel
7. Mother's Birthplace, Germany
8. Full Name of Father, Reinhold Strantz
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, *Mrs. Lange*

Address, 711 Cross Street

Remarks, EXCEL MAKE ADDED 4-6-53

18940002351

months, and shall set birth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the mother, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health, on the third day of each month, at the residence of the mother, or at the residence of the physician or practitioner of medicine, or at the residence of the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, or who shall be convicted of any offence, shall be liable to a fine of not less than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*10. *Father's Birthplace*

Name of Medical Attendant.

Address, *J. H. Lee, Jr.*

Remarks.

8 9 4 0 0 0 2 3 5 2

[illegible]

RETURN OF A BIRTH. 55573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irma Margaret Bernert Fourth
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female.*
 2. Race or Color, (if not of the white race) *White.*
 3. Date of Birth, *April 16th. - 1894*
 4. Place of Birth, (Street and Number) *110 W. Cross St.*
 5. Full Name of Mother, *Jennie Gernert*
 6. Mother's Maiden Name, *Jennie Hoffman*
 7. Mother's Birthplace, *Baltimore Md.*
 8. Full Name of Father, *Louis A. Gernert*
 9. Father's Occupation, *Clerk.*
 10. Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Minck*
 Address, *800 Swanwick St.*
 Remarks,

8 9 4 0 0 0 2 3 5 3

This schedule shall contain a list of the births, which have occurred within his or her care, during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third of each month, to the Registrar of Vital Statistics, and every month thereafter, and every month thereafter, shall be delivered without the number of a physician or practitioner of midwifery, or about and around the birth of any child, attendance upon the mother, immediately thereafter it, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 16th 1894

4. Place of Birth, (Street and Number) 1529 N. Ave. East.

5. Full Name of Mother, Anna Keller

6. Mother's Maiden Name, Krause

7. Mother's Birthplace, City

8. Full Name of Father, John Keller

9. Father's Occupation, Clothing Cutter

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, E. P. Brown, M.D.

Address, 1835 E. Baltimore St.

Remarks, _____

8940002354

Every person who shall enter the schedule in this schedule shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 55576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Girl

Female

White

April 16 1894

414 Pt & Franklin St

Emma Huber

~~Jacob Huber~~

Germany

Jacob Huber

Barber

Germany

A. H. Allen

310 E. Euter St

1 8 9 4 0 0 0 2 3 5 6

RETURN OF A BIRTH. 5557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 16, 1894

4. Place of Birth, (Street and Number) - No. 1632 Riverside St.

5. Full Name of Mother, *Louisa Shanks*

6. Mother's Maiden Name, Louise Millouse

7. Mother's Birthplace, Massachusetts

8. Full Name of Father, William Charles

3. Father's Occupation Bottle

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this return, Ans. G. B. B. 11111

Address, *for the Council and*
1441 N. Lincoln St.

Remarks, 1046 1/2 Hayford ave.

8 9 4 0 0 0 2 3 5 7

[illegible]

55379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Apr. 17. 94.

4. Place of Birth, (Street and Number) 224 East 20th St.

5. Full Name of Mother, Ella Hoamer

6. Mother's Maiden Name, Robinson

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Arthur Hoamer

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Alfred Wauelaton D

Address, 92, Cathedral St.

Remarks,

1 8 9 4 0 0 0 2 3 5 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, April the 17

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks,

8 9 4 0 0 0 2 3 5 9

Health. This schedule shall also enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the law requires, the full name and occupation of the mother, the date of birth, the sex, color, the full name and occupation of the father, the date and place of birth, the date of delivery, the date of birth, the date of death, the date of burial, the date of interment, the date of the first visit to the office of the Commissioner of Health, or practitioner of midwifery, or attendance of the child to the Commissioner of Health, in the case of a child born within the period above required, such person or persons shall thereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Apr 17*
 4. Place of Birth, (Street and Number) *378 E. Calverton St*
 5. Full Name of Mother, *Mrs. Maria Kelley Fox*
 6. Mother's Maiden Name, *"*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Clarence Fox*
 9. Father's Occupation, *PAPER R*
 10. Father's Birthplace, *Md.*
- Name of Medical Attendant, or other person who makes this Return, *B. S. Llewellyn*
- Address, *Union Square*
- Remarks,

8 4 4 0 0 0 2 3 6 1

55583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female). girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17 1884

4. Place of Birth, (Street and Number) 2306 E. Fayette str.

5. Full Name of Mother, Genovefa Weider

6. Mother's Maiden Name, Bal

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Weider

9. Father's Occupation 76 Farmer
Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, _____

Remarks,

Mrs. Beisenhofer
2235 - Gough St

~~8 9 4 0 0 0 2 3 6 2~~

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12th 1895
4. Place of Birth, (Street and Number) 838 St Bond St.
5. Full Name of Mother, Bessie Bayter
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Bohemian
8. Full Name of Father, John Bayter
9. Father's Occupation, Carpenter
10. Father's Birthplace, Bohemian
- Name of Medical Attendant, Mary Kopitz
or other person who makes this Return.
- Address, 205 N Washington St,
- Remarks, _____

8 4 4 0 0 0 2 3 6 3

This schedule shall contain a list of the births which have occurred under its or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of delivery, and the name of the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner or Health Officer, and the same shall be subject to the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 35585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17

4. Place of Birth, (Street and Number) 407 Colons Court

5. Full Name of Mother, Mary Emery

6. Mother's Maiden Name, King

7. Mother's Birthplace, W. Maryland

8. Full Name of Father, George Emery

9. Father's Occupation, Saddler

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Emery

Address, 412 Col. St.

Remarks,

18940002364

H. 53386

Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, April 17th 1894.

4. Place of Birth, (Street and Number) 1280 W. Lombard St

5. Full Name of Mother, Amie Wolf

6. Mother's Maiden Name, Amie Karl

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Theodore Wolf

D. Father's Occupation..... Doctor

10. Father's Birthplace, Wd. Altamora, Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie G. [illegible]

Address, 206 H. Schroder St T

Remarks, _____

8 9 4 0 0 0 2 3 6 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1910
4. Place of Birth, (Street and Number) 226 1st St
5. Full Name of Mother, James Lee
6. Mother's Maiden Name, James Lee
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Tugansky
9. Father's Occupation Teacher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return,

Address, London E.C. 4

Remarks, *2200 ft. above sea level*

1495

8 4 4 0 0 0 2 3 6 6

[illegible]

Section 1. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date, the sex, color, the full name and occupation of its parents, the date and place of birth, the day of each and every month to the office of the Commissioner of Health. In case the birth of any child should be reported to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 17 - 1894

4. Place of Birth, (Street and Number) 1612 Alice Ann St.

5. Full Name of Mother, Bell Loyt

6. Mother's Maiden Name, Wenson

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, John Loyt

9. Father's Occupation, Porter

10. Father's Birthplace, Pittsburgh Pa

Name of Medical Attendant, or other person who makes this Return, Mary Steir

Address, 1427 E. Pratt St.

Remarks,

18940002367

month, and shall set forth as far as the same can be ascertained, the full name of each child, the date and place of birth; and the date and place of delivery, and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall come within the period above required, and shall report to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Feb. 1st 1881*

4. Place of Birth, (Street and Number) *St. St. 661*

5. Full Name of Mother, *Carolina Schmidt*

6. Mother's Maiden Name, *St. Louis Carl. Bensch*

7. Mother's Birthplace, *German*

8. Full Name of Father, *Adolph Schmidt*

9. Father's Occupation, *Restaurant*

10. Father's Birthplace, *German*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Bange*

Address, *711 E. 1st St.*

Remarks, _____

8 9 4 0 0 0 2 3 6 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *White*
2. Race or Color, (if not of the white race) *April 17 1894*
3. Date of Birth, *4 St. Henrietta*
4. Place of Birth, (Street and Number) *Laura Barnett*
5. Full Name of Mother, *Bicker*
6. Mother's Maiden Name, *Baltimore*
7. Mother's Birthplace, *Mrs R. Barnett*
8. Full Name of Father, *Tinner*
9. Father's Occupation, *Baltimore*
10. Father's Birthplace, *Theresa COTE*
Name of Medical Attendant, or other person who makes this Return, *914 N. Charles*
Address,
Remarks,

8 9 4 0 0 0 2 3 6 9

RETURN OF A BIRTH. 55394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 2 3 7 0

any person who shall neglect to report the birth of a child to the Registrar of Vital Statistics, in the manner and within the time provided for in this section, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 53375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940002371

child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April the 18-18-94*
4. Place of Birth, (Street and Number) *Mc Henry St 19-25*
5. Full Name of Mother, *Marandy E. Birney*
6. Mother's Maiden Name, *Marandy E. Smith*
7. Mother's Birthplace, *Anderunde C. C. Md*
8. Full Name of Father, *William Robert Birney*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Anderunde Va*
Name of Medical Attendant, or other person who makes this Return, *Mrs. S. C.*
Address, *19-22*
Remarks,

18940002372

CORRECTION

The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 22
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 55576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation*

40. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

8940002372

RETURN OF BIRTH. 5339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maude Isabel Holmes
 of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 18th 1894*
4. Place of Birth, (Street and Number) *#53 Mount St Anne*
5. Full Name of Mother, *Clara W. Holmes*
6. Mother's Maiden Name, *" Straub*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Olive, W. Holmes*
9. Father's Occupation *Clerk*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Chas. Rankin M*
- Address, *Haverly Station Baltimore*
- Remarks, _____

8440002373

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 18th

4. Place of Birth, (Street and Number) 1537 Smallwood St

5. Full Name of Mother, Margaret Healy

6. Mother's Maiden Name, Maryhanna

7. Mother's Birthplace, Balto

8. Full Name of Father, John T. Healy

9. Father's Occupation, Tinsmith

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. J. Linnam

Address, 1313 W. Balto St

Remarks, (James) Healy child

18940002374

RETURN OF A BIRTH.

55599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 18th 94.
4. Place of Birth, (Street and Number) 825 Columbia Ave.
5. Full Name of Mother, Carrie Gross
6. Mother's Maiden Name, Carrie Schliekerman
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Gross
9. Father's Occupation, Spicer
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Henry C. Oble. M.D.
- Address, 1203 W. Fayette St
- Remarks, _____

1 8 9 4 0 0 0 2 3 7 5

RETURN OF A BIRTH. 55600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 18th 1894.

4. Place of Birth, (Street and Number) 1426 Annapolis st.

5. Full Name of Mother, Kate Jackson

6. Mother's Maiden Name, O'Keefe

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Alex. J. W. Jackson

9. Father's Occupation, Collector

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Kenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8 9 4 0 0 0 2 3 7 6

attendant upon the mother, immediately after the birth of any child, shall become the duty of the person or persons of such city or town, or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and costs are recoverable.

RETURN OF A BIRTH. 53601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18
4. Place of Birth, (Street and Number) 2505 Maryland St
5. Full Name of Mother, Mary A. Sheehan
6. Mother's Maiden Name, Mary A. Dougherty
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, James Sheehan
9. Father's Occupation, Superintendent Baltimore & Annapolis
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Dr. J. J. Sheehan
- Address, 2505 Maryland St
- Remarks, 73

18940002377

RETURN OF A BIRTH. 55612 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *The ninth child.*
Male.
2. Race or Color, (if not of the white race) *The white race.*
3. Date of Birth, *The 18th of April.*
4. Place of Birth, (Street and Number) *305 Dawson Alley.*
5. Full Name of Mother, *Carolina Wilhelmina Veltan.*
6. Mother's Maiden Name, *Carolina Wilhelmina Veltan.*
7. Mother's Birthplace, *Baltimore Maryland.*
8. Full Name of Father, *John Henry Veltan.*
9. Father's Occupation, *Baker.*
10. Father's Birthplace, *Bleichenbach Grossherzogthum Hessen.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Benzel*
- Address, *711 Grove St.*
- Remarks,

RETURN OF A BIRTH. 55603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 18th 1894

4. Place of Birth, (Street and Number)

1030 McCallum St

5. Full Name of Mother,

Rosa Matthews

6. Mother's Maiden Name,

Rosa Davis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Oliver Matthews

9. Father's Occupation,

Trunk Maker

Father's Birthplace,

Chambersburg Pa

Name of Medical Attendant, or other person who makes this Return,

S. Griffith Davis Jr., M.D.

Address,

1030 McCallum St,

Remarks,

8940002379

ected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53604 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *18th April 1904*
4. Place of Birth, (Street and Number) *1716 Collington Ave*
5. Full Name of Mother, *Helen M. Schmalenberg*
6. Mother's Maiden Name, *Kiernbecker*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Francis H. Schmalenberg*
9. Father's Occupation, *Iron Worker*
10. Father's Birthplace, *Howard Co. Md*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Burns*
- Address, *1600 N Chester St*
- Remarks,

55605 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard L. Schloss
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, Apr. 18, 1894

4. Place of Birth, (Street and Number) 1810 Madison Ave

5. Full Name of Mother, Carrin Schloss

6. Mother's Maiden Name, Sauckheimes

7. Mother's Birthplace, Balt.

8. Full Name of Father, Nathan Schloss

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. M. Wilson

Address, 1008 Mad. Ave.

Remarks,

18940002381

RETURN OF A BIRTH. 3366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, *Orrin C. Wesley*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 18 - 94

4. Place of Birth, (Street and Number)

1204 Enoch St

5. Full Name of Mother,

M. Ida Wesley

6. Mother's Maiden Name,

" Raine

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Harry Wesley

9. Father's Occupation

Machinist

10. Father's Birthplace,

New York

Name of Medical Attendant, or other person who makes this Return,

Mrs. Mary W. Allwell

Address,

1438 N. Bond St

Remarks,

8 9 4 0 0 0 2 3 8 2

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- 55607
- 1st
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. ^{True} Date of Birth, *2002 Francis St.*
4. ^{Date} Place of Birth, (Street and Number) *April 18-1894*
5. Full Name of Mother, *Margaret McConway*
6. Mother's Maiden Name, *Houghes*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *David McConway*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other person who makes this Return, *Theodore Carter M.D.*
- Address, *914 St. Charles St.*
- Remarks,

RETURN OF A BIRTH. 55608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 18th 1894*
 4. Place of Birth, (Street and Number) *712 Jefferson St. ^{Upper} Harbor*
 5. Full Name of Mother, *Ada V. McCauley*
 6. Mother's Maiden Name, *Ada V. Carey*
 7. Mother's Birthplace, *Virginia*
 8. Full Name of Father, *William V. McCauley*
 9. Father's Occupation, *Bridge Builder*
 10. Father's Birthplace, *Virginia*
 Name of Medical Attendant, or other person who makes this Return, *A. G. Watson*
 Address, *1307 N. Central Ave.*
 Remarks,

18940002384

RETURN OF A BIRTH. 556-9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 2 3 8 5

RETURN OF A BIRTH. 55610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalty for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr. 18, 94

4. Place of Birth, (Street and Number) 1132 W. Lombard St.

5. Full Name of Mother, Sallie Bowen

6. Mother's Maiden Name, md

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, C. S. Kerr, or other person who makes this Return.

Address, 1132 W. Lombard St.

Remarks, _____

8940002386

RETURN OF A BIRTH ⁵⁵⁶¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 18-94

4. Place of Birth, (Street and Number)

1507 W. Fay St. Balt.

5. Full Name of Mother,

Hattie Blankship Hacker

6. Mother's Maiden Name,

Hattie Blankship

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Theodor Hacker

9. Father's Occupation,

Actor

10. Father's Birthplace,

Dresden German Empire

Name of Medical Attendant, or other Person who makes this return.

Address,

R. W. Mefflin M.D.

Remarks,

402 Cathedral St.

CORRECTION

The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.

STATE OF MARYLAND

HR-EM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 18-94

4. Place of Birth, (Street and Number)

1507 W Fay St. Backs

5. Full Name of Mother,

Hattie Blankship Hacker

6. Mother's Maiden Name,

Hattie Blankship

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Theodor Hacker

9. Father's Occupation,

Actor

10. Father's Birthplace,

Dresden - German Empire

Name of Medical Attendant, or other Person who makes this Return

R. W. Mefflin M.D.

Address,

Remarks,

1894 0002387

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Apr 18 1894*
4. Place of Birth, (Street and Number) *Rosey Ave. Baltimore City*
5. Full Name of Mother, *Lulu A. Fargo*
6. Mother's Maiden Name, *Lulu A. Hindall*
7. Mother's Birthplace, *Franklin Virginia*
8. Full Name of Father, *Barnell Fargo*
9. Father's Occupation, *Contractor & Builder*
- Father's Birthplace, *Bradford Co Pennsylvania*
- Name of Medical Attendant, or other person who makes this return, *Elizabeth Hicks*
- Address, *Carroll Post Office*
Baltimore City
- Remarks, *Marylands*

18940002388

any such person or persons failing to return this card, with the provisions of this act, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

Male
Black

2. Race or Color, (if not of the white race).

3. Date of Birth, April 18 94

4. Place of Birth, (Street and Number)

Reg. Inquiry in Hosp 671 W. Lombard St

5. Full Name of Mother,

Mattie Lee

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Harry H. Arthur M.D. 1000 N. York St

Address, Free Spring Hospital

622 W. Lombard St

Remarks,

18940002389

RETURN OF A BIRTH

55614

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Apr. 19, 94

4. Place of Birth, (Street and Number) 1504 W. Lafayette Ave

5. Full Name of Mother, Florence Gray

6. Mother's Maiden Name, Armstrong

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, W. Gray

9. Father's Occupation,

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who
maiden this Return

Address,

Remarks,

Dr. M. Eastman
772 N. Kent St

8 4 4 0 0 0 2 3 9 0

RETURN OF A BIRTH ⁵⁵⁶¹⁵

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 2. Sex, (state whether male or female) *Male*
 3. Race or Color, (if not of the white race) *White*
 4. Date of Birth, *19th. of April 1894*
 5. Place of Birth, (Street and Number) *1306 W. Lombard St.*
 6. Full Name of Mother, *Elizabeth Bonsal Howard*
 7. Mother's Maiden Name, *Elizabeth Bonsal Christine*
 8. Mother's Birthplace, *Balto. City*
 9. Full Name of Father, *Joseph Cornelius Howard Jr*
 10. Father's Occupation, *Merchant*
 11. Father's Birthplace, *Balto. City*
 Name of Medical Attendant, or other Person who makes this Return *Thos. A. Brewster, M.D.*
 Address, *1221 Madison Ave.*
 Remarks,

18940002391

RETURN OF A BIRTH. 53616

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

Apr 19th 1894

313 N Schroeder St

Nellie K. K. K.

Ellie K. K. K.

Ellie K. K. K.

Ellie K. K. K.

Ellie K. K. K.

Ellie K. K. K.

Ellie K. K. K.

1575 W. Lexington St

18940002392

RETURN OF A BIRTH. 55617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 -*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *April - 19 - 1894*

4. Place of Birth, (Street and Number) *2231 Orleans st.*

5. Full Name of Mother, *Caroline Beil*

6. Mother's Maiden Name, *" Single*

7. Mother's Birthplace, *city*

8. Full Name of Father, *Geo. Beil*

9. Father's Occupation, *Cutter*

10. Father's Birthplace, *city*

Name of Medical Attendant, or other person who makes this Return, *P. B. Saurebaum*

Address, *1729 E. Balto. st.*

Remarks, *4 1/2 months foetus*

8 9 4 0 0 0 2 3 9 3

RETURN OF A BIRTH. 55618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 12/94

4. Place of Birth. (Street and Number)

2203 Bank St.

5. Full Name of Mother,

Margaret Bury

6. Mother's Maiden Name,

Margaret Cane

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Thomas Bury

9. Father's Occupation,

Soap Boil

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

May E. Peregoy

Address,

1903 Gough St.

Remarks,

8 9 4 0 0 0 2 3 9 4

RETURN OF A BIRTH. 55619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April the 19
4. Place of Birth, (Street and Number) Liden Hall St 116
5. Full Name of Mother, Hilley Glenn
6. Mother's Maiden Name, Hilley Carter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Carter
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Marshall Jane Wilson
- Address, 124 West Thurgate St
- Remarks, full 9 months

8 9 4 0 0 0 2 3 9 5

RETURN OF A BIRTH. 55620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 19 1901*

4. Place of Birth, (Street and Number) *1029 Walker St*

5. Full Name of Mother, *Anna Edwards*

6. Mother's Maiden Name, *Edwards*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Edwards*

9. Father's Occupation, *Carriage Driver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *1605 Walker St*

Address, *1605 Walker St*

Remarks, *8940002396*

Penalty for each offence, to be recovered as other dues and forfeitures are recoverable.
 Section 10 of the Act of 1900, Chapter 100, Section 10, provides that any person who neglects to file a return of a birth within the time prescribed by law, shall be liable to a fine of ten dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 55621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether ~~male~~ or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

1. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.

8 9 4 0 0 0 2 3 9 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 19, 1902 Morning

4. Place of Birth, (Street and Number) 401 1/2 Grant Street

5. Full Name of Mother, Mabel Allen

6. Mother's Maiden Name, Williamson

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Thomas Allen

9. Father's Occupation, Farmer

10. Father's Birthplace, Calverton Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Marie Anne Jones

Address, St. James Dispensary 614 P. Chalmers St.

Remarks,

8 9 4 0 0 0 2 3 9 8

RETURN OF A BIRTH. 55623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Noted to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

1. Sex, (state whether male or female)...

male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,...

19 April 1904

4. Place of Birth, (Street and Number)...

2025 Olive St

5. Full Name of Mother,...

M Otilia Miller

6. Mother's Maiden Name,...

Geilfuss

7. Mother's Birthplace,...

Baltimore, Md

8. Full Name of Father,...

John H Geilfuss

9. Father's Occupation,...

Gripman

10. Father's Birthplace,...

Charleston, S.C.

Name of Medical Attendant, or other person who makes this Return,...

Mrs Burns

Address,...

1600 W Chester St

Remarks,...

1 8 9 4 0 0 0 2 3 9 9

RETURN OF A BIRTH 55624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Christina Haines

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) female
- Race or Color, (if not of the white race) white
- Date of Birth, 18th day of April
- Place of Birth, (Street and Number) 1706 Hanover str. Baltimore City
- Full Name of Mother, Mrs. Catharina Haines
- Mother's Maiden Name, Mrs. Catharina Eisel
- Mother's Birthplace, Baltimore City
- Full Name of Father, Mr. Harry J. Haines
- Father's Occupation, Rail Road man
- Father's Birthplace, Frederick Md
- Name of Medical Attendant, or other person who makes this Return, Annie M. Geller
- Address, 1703 Hanover str. Baltimore City
- Remarks,

18940002400

RETURN OF A BIRTH. 55625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 19 1894
 4. Place of Birth, (Street and Number) Fountain Hotel Carey & Radcliff
 5. Full Name of Mother, Mary Josephine Riddle
 6. Mother's Maiden Name, Mary J. Boston
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Barnard Riddle
 9. Father's Occupation, Hotel Keeper
 10. Father's Birthplace, Ireland
 Name of Medical Attendant, or other person who makes this Return, A. Westfield
 Address, 511 Chase St
 Remarks, Normal Labor

1 8 9 4 0 0 0 2 4 0 1

GIVEN NAME ADDED 3-1-56

RETURN OF A BIRTH. 55626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Maria Addison Brooke
of Child of Mother. (state whether 1st, 2d, 3d, etc.) 4th

1. Sex, (state whether ~~male~~ or female) —

2. Race or Color, (if not of the white race) —

3. Date of Birth. Apr. 19th 94

4. Place of Birth, (Street and Number) 2445 Parkly St

5. Full Name of Mother. Lily Addison

6. Mother's Maiden Name. M. A.

7. Mother's Birthplace. Mrs. Clement Brooke

8. Full Name of Father. Mr. [unclear]

9. Father's Occupation. mca

10. Father's Birthplace. [unclear] & Wife Mrs. [unclear]

Name of Medical Attendant, or other person who makes this Return, 1421 W. Fayette St.

Address, —

Remarks. 8940002402

Penalty for failure to file: If the birth is not reported to the Registrar of Vital Statistics, the parent or other person who is responsible for the failure to file is liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

GIVEN NAME ADDED 8-30-63
 RETURN OF A BIRTH.

55627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mabel Holland

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 9-94

4. Place of Birth, (Street and Number) No. 1 Broad St.

5. Full Name of Mother, Elsie Holland

6. Mother's Maiden Name, Cooney

7. Mother's Birthplace, Frederick Co Md.

8. Full Name of Father, Chas. O. Holland

9. Father's Occupation, Motorman

Father's Birthplace, Starford Co Md.

Name of Medical Attendant, W B Perry MD
or other person who makes this Return.

Address, 700 E. Chase St.

Remarks.

1 8 9 4 0 0 2 4 0 3

If the person on whom this return is made, shall be found to be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Child

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born April 29th 1884

4. Place of Birth, (Street and Number)

2122 Maryland St.

5. Full Name of Mother,

Mrs. Ella Mueller

6. Mother's Maiden Name,

Mrs. " Schaeke

7. Mother's Birthplace,

West Preussen Germany

8. Full Name of Father,

Engelbert Mueller

9. Father's Occupation,

Labor

10. Father's Birthplace,

West Preussen Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Miller

Address,

2127 W. Pratt St.

Remarks,

8 9 4 0 0 0 2 4 0 4

RETURN OF A BIRTH.

55629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth, April 19

4. Place of Birth, (Street and Number)

4 Freezing in Shop 622 W. Lombard St

5. Full Name of Mother,

Lizzie Ash

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Harry K. Archwood

Name of Medical Attendant, or other person who makes this Return.

Address,

Freezing in Hospital 622 W. Lombard St

Remarks,

18940002405

Sealed to the file at ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

18940002406

RETURN OF A BIRTH

55631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April, 20th, 1894*
4. Place of Birth, (Street and Number) *N. E. cor Cross & Leaden Hall Sts*
5. Full Name of Mother, *Christina Becker*
6. Mother's Maiden Name, *" Lammere*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Becker*
9. Father's Occupation, *Grocer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *H. J. Carrick, M.D.*
- Address, *1316 Myrtle Ave.*
- Remarks,

1 8 9 4 0 0 0 2 4 0 7

~~GIVEN NAME ADDED~~ 6-10-54
RETURN OF A BIRTH. 55-132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Agnes Catherine Schaffer

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female).

3. Race or Color, (if not of the white race).

4. Date of Birth.

5. Place of Birth, (Street and Number).

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1894 00002408

Persons who are required to register births and deaths, and who are liable to be fined for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

Sex, (state whether male or female)

7

W

2. Race or Color, (if not of the white race)

Apr 20 1894

3. Date of Birth,

524 Union St

4. Place of Birth, (Street and Number)

Maggie Kriner

5. Full Name of Mother,

City

6. Mother's Maiden Name,

Baer

7. Mother's Birthplace,

Geo Kriner

8. Full Name of Father,

unknown

9. Father's Occupation,

Baer

10. Father's Birthplace,

Dr R. Winslow

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940002409

any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20 April 1894*
4. Place of Birth, (Street and Number) *1827 Lumber St*
5. Full Name of Mother, *Ellen A Adams*
6. Mother's Maiden Name, *Ellen Kelly*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *James Adams*
9. Father's Occupation, *See Captain*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Ellen Smith*
- Address, *504 St Washington St*
- Remarks, _____

18940002410

RETURN OF A BIRTH 55635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

April 20

4. Place of Birth (Street and Number),

*60 Garrison Lane
Kate Waffers*

5. Full Name of Mother,

6. Mother's Maiden Name,

Lang

7. Mother's Birthplace,

8. Full Name of Father,

John M Waffers

9. Father's Occupation,

10. Father's Birthplace,

*Butcher
Baltimore*

Name of Medical Attendant,

or other person who makes this Return.

*Edward H London MD
1403 W Fayette St*

Address,

Remarks,

8940002411

RETURN OF A BIRTH.

55636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Printed to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race)
- Date of Birth, *20 April*
- Place of Birth, (Street and Number) *124 N. Central ave*
- Full Name of Mother, *Abellie McDaniel*
- Mother's Maiden Name, *Wilmer*
- Mother's Birthplace, *Washington D. C.*
- Full Name of Father, *John McDaniel*
- Father's Occupation, *laborer*
- Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *Mark Ullery*
- Address, *1802 Edmonstone St*
- Remarks,

1 8 9 4 0 0 0 2 4 1 2

RETURN OF A BIRTH. 55637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2nd child

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... Colored

3. Date of Birth... April 20th 1894

4. Place of Birth, (Street and Number)... 1714 Macaulay Street

5. Full Name of Mother... Sarah Jane Richards

6. Mother's Maiden Name... Sarah Jane Hill

7. Mother's Birthplace... Baltimore Maryland

8. Full Name of Father... Joshua Richards

9. Father's Occupation... Laborer

10. Father's Birthplace... Anne Arundel County

Name of Medical Attendant, or other person who makes this Return... Susan Rogers

Address... 123 N. Durham St.

Remarks... 8940002413

Printed to the line of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, April the 20
 4. Place of Birth, (Street and Number) Henrietta st 1229
 5. Full Name of Mother, Agnes Kirby
 6. Mother's Maiden Name, Agnes rureo
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, edward rureo
 9. Father's Occupation, labour
 10. Father's Birthplace, Chertstown
 Name of Medical Attendant, russell Kane Wilson
 Address, 104 west Flury st
 Remarks, full 9 months

1 8 9 4 0 0 2 4 1 4

RETURN OF A BIRTH. 55639 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, April 20th 1911

4. Place of Birth, (Street and Number) 1022 E Madison St

5. Full Name of Mother, Florence Loeffler

6. Mother's Maiden Name, Florence Hunt

7. Mother's Birthplace, Balto.

8. Full Name of Father, Joseph Phillip Loeffler

9. Father's Occupation, Plumber

10. Father's Birthplace, Washington, D. C.

Name of Medical Attendant, or other person who makes this Return, Chas Wollenscheidt M.D.

Address, 1514 W. Lafayette Ave.

Remarks,

8940002415

Sections of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 55640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *April 20, 1894*
 Place of Birth, (Street and Number) *No. 1739 Harford ave*
 Full Name of Mother, *Kate Powell*
 Mother's Maiden Name, *Kate Samuel*
 Mother's Birthplace, *Virginia*
 Full Name of Father, *Charles Powell*
 Father's Occupation, *Wheelwright*
 Father's Birthplace, *Virginia*
 Name of Medical Attendant, *Aug. A. Blawell M.D.*
 Address, *1741 Harford ave*
 Remarks, *18940002416*

Noted to the line of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

53641

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Second child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

General

white

April 20th 94 (Dead in birth) white
Pike St Ward

April 20th / 14 (2
3 Number) Reisterstown Pike 2nd Ward

Number) *11*
Mrs. Silas Bull

Alice Sewall

Maryland

Silas Bull

Labore

Maryland

Edwin C. Jones M. D.

Edwin C. Jones
Arlington Ind.

or other person who makes this Return.

8940002417

[illegible]

RETURN OF A BIRTH. 55642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 20th 94

4. Place of Birth, (Street and Number) 2669

5. Full Name of Mother, Mary Rodgers

6. Mother's Maiden Name, Rodgers

7. Mother's Birthplace, Hartford Co.

8. Full Name of Father, M. Johnston

9. Father's Occupation, Butcher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, L. F. Frey, M.D.

Address, 2414 Druid Hill Ave.

Remarks,

8940002418

RETURN OF A BIRTH 53643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother. (state whether 1st, 2d, 3d, &c.) First
1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 20 1894
4. Place of Birth, (Street and Number) 436 West 25 St
5. Full Name of Mother, Clara C. Jones
6. Mother's Maiden Name, Clara C. McKen
7. Mother's Birthplace, Baltimore County Md
8. Full Name of Father, William H. Jones
9. Father's Occupation, Railroader
10. Father's Birthplace, Baltimore County
- Name of Medical Attendant, Elizabeth Finnehan
or other person who makes this Return.
- Address, Hampton Baltimore Md
- Remarks, 8940002419

RETURN OF A BIRTH 55644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Apr. 20, 94

4. Place of Birth (Street and Number),

169 Cleveland St.

5. Full Name of Mother,

Sarah Garry

6. Mother's Maiden Name,

Mc Gook

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Garry

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

W. E. Kniff, M.D.

Address,

523 S. W. St.

Remarks,

1 8 9 4 0 0 2 4 2 0

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 3-9-59 55645-

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Katherine Lang 1. Child
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Girl*

1. Sex, (state whether male or female) *White Race*

2. Race or Color, (if not of the white race) *Born April 20th 1894*

3. Date of Birth, *# 306 Palaski Str*

4. Place of Birth, (Street and Number) *Mrs. Martha Lang*

5. Full Name of Mother, *Miss " Wittman*

6. Mother's Maiden Name, *Bayern Germany*

7. Mother's Birthplace, *Christopher Lang*

8. Full Name of Father, *Labor*

9. Father's Occupation, *Bayern Germany*

10. Father's Birthplace, *Mrs. Hiller*

Name of Medical Attendant, or other person who makes this Return, *# 2127 W. Pratt Str*

Address, _____

Remarks, _____

1 8 9 4 0 0 0 2 4 2 1

RETURN OF A BIRTH.

55646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 20 April / 4 o'clock afternoon

4. Place of Birth, (Street and Number) 1119 Elizabeth Lake

5. Full Name of Mother, Johanne Dorothea Hoffman,

6. Mother's Maiden Name, Ruderick

7. Mother's Birthplace, Randau by Königsberg - Prussia,

8. Full Name of Father, Albert Louis Hoffman,

9. Father's Occupation, Booksmith

Father's Birthplace, Danzig - Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kasse from the

Address, Evening Expressary 614 P. Thacker Street.

Remarks,

1 8 9 4 0 0 0 2 4 2 2

RETURN OF A BIRTH.

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Boy White*
 1. Sex, (state whether male or female).
 2. Race or Color, (if not of the white race). *April 20/94*
 3. Date of Birth. *938 W. Chester sts.*
 4. Place of Birth. (Street and Number). *Rachel Grundman*
 5. Full Name of Mother. *Schatt*
 6. Mother's Maiden Name. *"*
 7. Mother's Birthplace. *Germany*
 8. Full Name of Father. *Paul Grundman*
 9. Father's Occupation. *Baker*
 10. Father's Birthplace. *Germany*
 Name of Medical Attendant, or other person who makes this Return. *Mrs. Seidenhofer*
 Address. *2235 Gough Str.*
 Remarks. *18940002423*

RETURN OF A BIRTH.

55648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 20th 1894

4. Place of Birth, (Street and Number)

2307 Barclay St

5. Full Name of Mother,

Lillian Maie Edmunds

6. Mother's Maiden Name,

Lillian Maie Green

7. Mother's Birthplace,

New Bern North Carolina

8. Full Name of Father,

Robert Harrison Edmunds

9. Father's Occupation

Clerk

10. Father's Birthplace,

Massachusetts

Name of Medical Attendant, or other person who makes this Return,

Geo. W. Hamill M.D.

Address,

327 E. North Ave

Remarks,

18940002424

RETURN OF A BIRTH. 53649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Apr. 20

4. Place of Birth, (Street and Number)

115 W. Lombard St

5. Full Name of Mother,

Alrie Davis

6. Mother's Maiden Name,

Da

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

O. S. Kerr

Name of Medical Attendant, or other person who makes this Return.

115 W. Lombard St

Address,

Remarks,

18940002425

RETURN OF A BIRTH. 55750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 21 94*

4. Place of Birth, (Street and Number) *Freezing Hospital 622 N. Frederick St.*

5. Full Name of Mother, *Carrie Smith*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, *Harry H. Arthur M.D.*

Address, *Freezing Hospital 622 N. Frederick St.*

Remarks, _____

1 8 9 4 0 0 2 4 2 6

RETURN OF A BIRTH. 58657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 21st 1894.
4. Place of Birth, (Street and Number) Baltimore, 619 Spring St
5. Full Name of Mother, Emma Johnson
6. Mother's Maiden Name, Emma Peirce
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Jane Wood
- Address, 804 Stirling Street
- Remarks,

18940002427

RETURN OF A BIRTH. 53-652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1

2. Sex, (state whether male or female)... Male

3. Race or Color, (if not of the white race)...

4. Date of Birth, 21 April

5. Place of Birth, (Street and Number) 205 N. Anne St

6. Full Name of Mother, Anne Barrett

7. Mother's Maiden Name, " Keady

8. Mother's Birthplace, Balto. Md.

9. Full Name of Father, Frank Barrett

10. Father's Occupation, Business Manager

11. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm R. D. M. D.

Address, 301 Madison St.

Remarks,

1 8 9 4 0 0 0 2 4 2 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*

2. Race or Color, (If known) _____ April 21, 94
3. Date of Birth, _____ 2031 E. Pratt St.
4. Place of Birth, (Street and Number) _____ Mrs. Katherine W. Leslie, Dog

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10 Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

C. Dulany Co., City Printers and Stationers.

8 9 4 0 0 0 2 4 2 9

RETURN OF A BIRTH. 55654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 21, 1904
4. Place of Birth, (Street and Number) 412 510, Anderson St
5. Full Name of Mother, Sadie Miller
6. Mother's Maiden Name, Wrennik
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Miller
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, John J. Jones
- Address, 1417 E. Monument St.
- Remarks,

1 8 9 4 0 0 0 2 4 3 0

Figures and brackets are recoverable.

RETURN OF A BIRTH. 55655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Flarence Miller

2. Sex, (state whether male or female) Female

3. Date of Birth, April 21/ 94

4. Place of Birth, (Street and Number) No. 212 19 E. Monument

5. Full Name of Mother, Annie Miller

6. Mother's Maiden Name, Hall

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ch. Miller

9. Father's Occupation, Fish-dealer

10. ☒ Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm L Gross

Address, 117 1907 6

Remarks, GIVEN NAME ADDED. 10-8-53

8 9 4 0 0 0 2 4 3 1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 21-94*
4. Place of Birth, (Street and Number) *238 Ridgely St.*
5. Full Name of Mother, *Loucasia Hoffman*
6. Mother's Maiden Name, *Wheeler*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edward Hoffman*
9. Father's Occupation, *Government*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Thos. M. Lumpkin M.D.*
- Address, *412 S. Paca St.*
- Remarks,

6 4 0 0 0 2 4 3 2

RETURN OF A BIRTH.

53657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 21st

1894

4. Place of Birth, (Street and Number)

902 W. Saratoga St

5. Full Name of Mother,

Amie B. Whipple

6. Mother's Maiden Name,

Reacock

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William D. Whipple

9. Father's Occupation

Street Painter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Max Munnis M.D.

Address,

206 W. Schroder St

Remarks,

18940002433

RETURN OF A BIRTH. 55688 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Bay Natural

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 21. 1894

4. Place of Birth, (Street and Number) Carroll St. 1412

5. Full Name of Mother, Lizzie Thompson

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Benjamin Thompson

9. Father's Occupation, Carman

10. Father's Birthplace, Easton Md

Name of Medical Attendant, or other person who makes this Return, Samuel Miles

Address, 1425 Carroll St

Remarks, _____

1 8 9 4 0 0 0 2 4 3 4

RETURN OF A BIRTH. 53-659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1347 carroll st

1. Sex, (state whether male or female) Male child

2. Race or Color, (if not of the white race) Colard

3. Date of Birth, 21 day of april

4. Place of Birth, (Street and Number) 1347 carroll

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, Mary Adams

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benjamin Smith

9. Father's Occupation, Laboring man

10. Father's Birthplace, Annapolis county

Name of Medical Attendant, or other person who makes this Return, Lydia mill

Address, 1428 carroll

Remarks, Very well

1 8 9 4 0 0 0 2 4 3 5

RETURN OF A BIRTH. 55660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Apr 21
 4. Place of Birth, (Street and Number) 613. S. Charles St
 5. Full Name of Mother, Mary C. Middendorf
 6. Mother's Maiden Name, Baerlein
 7. Mother's Birthplace, City
 8. Full Name of Father, Frank Middendorf
 9. Father's Occupation, Cigar dealer
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, J. Burch Sr
 Address, 571 Vermont St
 Remarks,

18940002436

RETURN OF A BIRTH. 55661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Apr. 21st 1904

4. Place of Birth, (Street and Number) 1603 Hopkins Ave

5. Full Name of Mother, Mollie A. Pfeiffer

6. Mother's Maiden Name, Woods

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John H. Pfeiffer

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Adams

Address, 1600 N Chester St

Remarks, _____

1 8 9 4 0 0 0 2 4 3 7

RETURN OF A BIRTH 55662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 21st 1894

4. Place of Birth, (Street and Number)

302 N. Gay St.

5. Full Name of Mother,

Agnes P. Byrne

6. Mother's Maiden Name,

Styler

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Edward C. Byrne

9. Father's Occupation,

Undertaker

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address,

Samuel Reed

Remarks,

314 N. Butler St.

18940002438

Over
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 55683

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)
name: *Carroll Scott Kirby*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *April 21, 1894*
5. Place of Birth, (Street and Number) *820 Second ave.*
6. Full Name of Mother, *Mary Elizabeth Kirby*
7. Mother's Maiden Name, *Barnes*
8. Mother's Birthplace, *Ind.*
9. Full Name of Father, *George Washington Kirby*
10. Father's Occupation, *Letter Carrier*
11. Father's Birthplace, *Ind.*
12. Name of Medical Attendant, or other person who makes this Return, *Chas. H. Mitchell M.D.*
13. Address, *290 Chestnut ave.*
14. Remarks, _____

8940002439

10-7-54 RETURN OF A BIRTH

55664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Otis Milton Travers 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 21st 94

4. Place of Birth, (Street and Number) 526 Columbia Ave.

5. Full Name of Mother, Ida Travers

6. Mother's Maiden Name, "a Carter

7. Mother's Birthplace, Virginia

8. Full Name of Father, Albert Travers

9. Father's Occupation, Painter

10. Father's Birthplace, Easton, Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Dr. Gambel
 837 W. Fayette St

8940002440

RETURN OF A BIRTH. 55665
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 April 1894

4. Place of Birth, (Street and Number) Lanconville 1733

5. Full Name of Mother, Rosie E. Dutton

6. Mother's Maiden Name, Rosie E. Dutton

7. Mother's Birthplace, England

8. Full Name of Father, Amos G. Dutton

9. Father's Occupation, Seal

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Foster

Address, 660 East Canal St

Remarks, _____

18940002441

RETURN OF A BIRTH. 55666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female).

Female.

2. Race or Color, (if not of the white race).

White.

3. Date of Birth,

8/12/21.

4. Place of Birth, (Street and Number).

526 Rogers Ave

5. Full Name of Mother,

Frances J. Aldridge,

6. Mother's Maiden Name,

Caton.

7. Mother's Birthplace,

Caroline Co.

8. Full Name of Father,

William Aldridge

9. Father's Occupation,

Farmer.

10. Father's Birthplace,

Ann Arbor, Mich.

Name of Medical Attendant, or other person who makes this Return,

Mrs. Woodson,

Address,

883 Greenmount Ave

Remarks,

Balto.

18940002442 Ind

RETURN OF A BIRTH.

55667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr. 21

4. Place of Birth, (Street and Number)

115 W. Fountain St.

5. Full Name of Mother,

Helene Klob.

6. Mother's Maiden Name,

md

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

C. S. Neer

Address,

115 W. Fountain St.

Remarks,

1 8 9 4 0 0 0 2 4 4 3

RETURN OF A BIRTH. 55668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Apr. 21

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother,

Fizzie Green

6. Mother's Maiden Name,

Ind

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

C. S. Keen

Address,

115 W. Lombard

Remarks,

1 8 9 4 0 0 0 2 4 4 4

RETURN OF A BIRTH. 55669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *112 W Lombard St*

4. Place of Birth, (Street and Number) *Apr. 21*

5. Full Name of Mother, *Mammie Russell*

6. Mother's Maiden Name, *Benn*

7. Mother's Birthplace, *—*

8. Full Name of Father, *—*

9. Father's Occupation, *—*

10. Father's Birthplace, *—*

Name of Medical Attendant, or other person who makes this Return, *Asner*

Address, *112 W Lombard St*

Remarks, *—*

1 8 9 4 0 0 0 2 4 4 5

RETURN OF A BIRTH.

55670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) -

Female
Colored

2. Race or Color, (if not of the white race) -

3. Date of Birth, -

April 21 94

4. Place of Birth, (Street and Number) -

1608 Vine St.
Gladie Griffin

5. Full Name of Mother, -

6. Mother's Maiden Name, -

7. Mother's Birthplace, -

8. Full Name of Father, -

9. Father's Occupation, -

10. Father's Birthplace, -

Name of Medical Attendant, or other person who makes this Return, -

Harry K. Arthur M.D. In Resid. Phys.

Address, - Free Lying In Hospital - 622 W. Lombard St.

Remarks, -

1 8 9 4 0 0 0 2 4 4 6

RETURN OF A BIRTH. 55671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 22 1894

4. Place of Birth, (Street and Number) Calverden 113

5. Full Name of Mother, Maggie Hunter

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George Hunter

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 2301 Bay View St

Remarks,

8 9 4 0 0 0 2 4 4 7

GIVEN NAME ADDED 5-6-58

RETURN OF A BIRTH. 55672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter J. Steinkamp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 22th 1894

4. Place of Birth, (Street and Number)

12 712 S. Green St Baltimore

5. Full Name of Mother,

Mary Steinkamp

6. Mother's Maiden Name,

Mary Murphy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank H. Steinkamp

9. Father's Occupation

Varnisher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mr. Benage

Address,

11 Green St

Remarks,

1 8 9 4 0 0 0 2 4 4 8

ected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Any person who shall fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

918 Ashland Ave

4. Place of Birth, (Street and Number)

April 22, 1894

5. Full Name of Mother,

Mary Taylor

6. Mother's Maiden Name,

Ryan

7. Mother's Birthplace,

Barto

8. Full Name of Father,

Tom Taylor

9. Father's Occupation

Labourer

10. Father's Birthplace,

Barto

Name of Medical Attendant, or other person who makes this Return,

J. J. Brown, M.D.
59
Cayman Hill

Address,

Remarks,

18940002449

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

53674

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 22nd April 1894

4. Place of Birth, (Street and Number) 938 N Bond St

5. Full Name of Mother, Elizabeth Waldmann

6. Mother's Maiden Name, " Young

7. Mother's Birthplace, Balti

8. Full Name of Father, James D. Waldmann

9. Father's Occupation, Collector

10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Mr. Julia Goome

Address, 244 N. Spruce

Remarks, _____

8940002450

jected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55675-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 22/94

4. Place of Birth, (Street and Number) 617 N. Washington str

5. Full Name of Mother, Sophie Koehler

6. Mother's Maiden Name, " Kram

7. Mother's Birthplace, Balto

8. Full Name of Father, Louis Koehler

9. Father's Occupation, Storekeeper

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2325 Gough str

Remarks, _____

8 9 4 0 0 0 2 4 5 1

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and to report its facts to the Commissioner of Health in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, April 22 (12:30 Morning)

4. Place of Birth, (Street and Number) 39 W. Hart Street

5. Full Name of Mother, Eddie Curry

6. Mother's Maiden Name, Chorton

7. Mother's Birthplace, Baltimore (Baltimore County)

8. Full Name of Father, James Curry

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mr. M. James Green

Address, Evening Dispensary 614 S. Charles Street

Remarks, _____

8940002452

RETURN OF A BIRTH. 53678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Apr 27 94*
4. Place of Birth, (Street and Number) *124 Greenmount Ave.*
5. Full Name of Mother, *Adeline Smith*
6. Mother's Maiden Name, *Evans*
7. Mother's Birthplace, *Middlesex Co. Va*
8. Full Name of Father, *Jno. T. Smith*
9. Father's Occupation, *Ice Merchant*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Wm B. Reedy M.D.*
- Address, *700 E. Chas. St.*
- Remarks,

18940002453

Persons who fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 2 4 5 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.).....3

1. Sex, (state whether male or female)..... Girl

2. *Race or Color, (if not of the white race)*

3. Date of Birth, 22 March - 1894

4. Place of Birth, (Street and Number).....1314 Chapel St

5. Full Name of Mother, Lizette Evans

6. *Mother's Maiden Name,* *Dorn*

7. Mother's Birthplace, Yazoo

8. Full Name of Father, V. Joseph Covans

9. *Father's Occupation*

Father's Birthplace, C. A. M.

Name of Medical Attendant, or other person who makes this Return, Syma Walker

Address, 728 The Land St.

Remarks.

8 9 4 0 0 0 2 4 5 5

RETURN OF A BIRTH. 53681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 22nd 1894

4. Place of Birth, (Street and Number)

1628 S Charles St

5. Full Name of Mother,

Drucilla Reid

6. Mother's Maiden Name;

Drucilla Ramonon

7. Mother's Birthplace,

Barroco Is. Md

8. Full Name of Father,

Albert W. Reed

9. Father's Occupation

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

D. J. Phillips

Address,

753 W. Lexington St

Remarks,

8940002456

RETURN OF A BIRTH 53682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *seventh child*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *22nd April*
5. Place of Birth, (Street and Number) *Haverly, York road, 1143.*
6. Full Name of Mother, *Friedrich. Bull.*
7. Mother's Maiden Name, *Friedrich. Kriech.*
8. Mother's Birthplace, *Washington*
9. Full Name of Father, *Wm. Henry. Bull.*
10. Father's Occupation, *Motor man*
11. Father's Birthplace, *Harford, County.*
12. Name of Medical Attendant, or other person who makes this Return, *Mrs. Harriet Blatch*
13. Address, *114. Old York Road Wash.*
14. Remarks,

1 8 4 4 0 0 0 2 4 5 7

RETURN OF A BIRTH. 55683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 22nd 1894
 4. Place of Birth, (Street and Number) 28. E. Fort avenue
 5. Full Name of Mother, Mary Elizabeth Stevens
 6. Mother's Maiden Name, Mary Elizabeth Yepp
 7. Mother's Birthplace, Martinsburg W. Va.
 8. Full Name of Father, Isaac Stevens
 9. Father's Occupation, Engineer B. & O. A. R.
 10. Father's Birthplace, Martinsburg W. Va.
 Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson
 Address, 1434. Patapsco. St.
 Remarks,

1 8 9 4 0 0 2 4 5 8

GIVEN NAME ADDED 4-20-60
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55684
Charles Karbowski

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

4
Male
White

22nd of April 94

2123 Prince St

Julie Karbowski

Julie Schreiber

Pole

Joseph Karbowski

Labors

Pole

Friederike Heuler Mianke

2116 West Pratt St

8 9 4 0 0 0 2 4 5 9

RETURN OF A BIRTH. 55686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2d April
4. Place of Birth, (Street and Number) 530 N Front St
5. Full Name of Mother, Mary Anna Lascha
6. Mother's Maiden Name, Katy
7. Mother's Birthplace, Frank Montia
8. Full Name of Father, Shoemaker
9. Father's Occupation, Italy
10. Father's Birthplace, Italy
- Name of Medical Attendant, or other person who makes this Return, Mrs. J. Brink midwife
- Address, 115 N. High St.
- Remarks,

8940002461

RETURN OF A BIRTH.

55687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person who knowingly and unlawfully furnishes false information to the Registrar of Vital Statistics, or who knowingly and unlawfully obstructs the Registrar in the performance of his duties, shall be liable to a fine of not less than \$10 nor more than \$50, and to imprisonment for not less than 10 days nor more than 30 days, and the costs of the proceedings.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

April 22nd

1894

5. Place of Birth, (Street and Number)

102 S Carey St

6. Full Name of Mother,

Kate Redman

7. Mother's Maiden Name,

Leib

8. Mother's Birthplace,

Germany

9. Full Name of Father,

William H. Redman

10. Father's Occupation

Shoe Maker

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Dr. M. M. G. G. G.

Address,

206 N. Schroeder St

Remarks,

1 8 9 4 0 0 0 2 4 6 2

RETURN OF A BIRTH. 55688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 22/94*
 4. Place of Birth, (Street and Number) *626 E. Faith Street Balt.*
 5. Full Name of Mother, *Sarah Miner*
 6. Mother's Maiden Name, *Sarah Kornbrock*
 7. Mother's Birthplace, *Russia*
 8. Full Name of Father, *Joseph Miner*
 9. Father's Occupation, *Restaurant keeper*
 10. Father's Birthplace, *Russia*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Livia Barber*
 Address, *44 York Street.*
 Remarks,

8940002463

RETURN OF A BIRTH. 55-689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

8 9 4 0 0 0 2 4 6 4

RETURN OF A BIRTH. 55690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes the return.

Address,

Remarks,

1 8 9 4 0 0 0 2 4 6 5

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 22

4. Place of Birth, (Street and Number)

Free House in Hop. 622 W Lombard St

5. Full Name of Mother,

June Personette

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harry G. Allen M.D. Sr. Resident Phys.

Address,

622

W Lombard St

Remarks,

8940002466

any such person or persons who shall be convicted of this offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55692.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 23 1892

4. Place of Birth, (Street and Number) 823 W. Lexington St

5. Full Name of Mother, Mary Schenck

6. Mother's Maiden Name, Mary P. Schenck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schenck

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. H. Schenck

Address, 23 W. Lexington St

Remarks,

18940002467

RETURN OF A BIRTH.

55693

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) ...

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 23 - 1890

4. Place of Birth (Street and Number)

2211 E. Fayette

5. Full Name of Mother

Mary Raffle

6. Mother's Maiden Name

Mary Becker

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Clinton B. Raffle

9. Father's Occupation

Engineer

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. N. Hill M.D.

Address

1435 E. Pratt St.

Remarks

18940002468

RETURN OF A BIRTH ⁵⁵⁶⁹⁴ To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940002469

any person who neglects to file a return for each child born in Baltimore City, or who neglects to file a return for each child born in Baltimore City, is liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55-695-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 23rd, 1911

4. Place of Birth, (Street and Number)

1625 Mosher St.

5. Full Name of Mother,

Laura Lavinia Delphey

6. Mother's Maiden Name,

Weyforth

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Chas. Dukurst Delphey

9. Father's Occupation,

Coal dealer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return,

Chas. Mattenscheidt M.D.

Address,

1514 N. Lafayette Ave.

Remarks,

1 8 9 4 0 0 0 2 4 7 0

RETURN OF A BIRTH. 55696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.) *1st*
2. Sex, (state whether male or female) *male*
3. Race or Color, (if not of the white race) *white*
4. Date of Birth, *April 23, 1906*
5. Place of Birth, (Street and Number) *1524 Williams St.*
6. Full Name of Mother, *Emma Taylor*
7. Mother's Maiden Name, *Emma Schenck*
8. Mother's Birthplace, *Italy*
9. Full Name of Father, *Michael X. X.*
10. Father's Occupation, *Carver*
11. Father's Birthplace, *Balt.*
- Name of Medical Attendant, or other person who makes this Return, *Dr. J. J. J.*
- Address, *414 Canton St.*
- Remarks,

8940002471

RETURN OF A BIRTH.

55697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *April 23 '91*
4. Place of Birth, (Street and Number) *4 S. Calver*
5. Full Name of Mother, *Elizabeth*
6. Mother's Maiden Name, *Stearns*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James Howard*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Charles H. Smith*
- Address, *100 N. Calver*
- Remarks, _____

8940002472

jected to the fine of ten (\$10) dollars for each offence, to be recovered as of other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child
 Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, April 23rd 1894
 4. Place of Birth, (Street and Number) No 405 Addison Alley
 5. Full Name of Mother, Maggie Jennings
 6. Mother's Maiden Name, Horne
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Henry Jennings
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Annie Landner
 Address, 2016 S. Morris St
 Remarks, _____

5 4 0 0 0 2 4 7 3

RETURN OF A BIRTH. 53-699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *Feb 23, 1894*
5. Place of Birth, (Street and Number) *2534 Queen St.*
6. Full Name of Mother, *Laura C. ...*
7. Mother's Maiden Name, *Laura ...*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *William ...*
10. Father's Occupation, *Carpenter*
11. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mary L. ...*
- Address, *824 ...*
- Remarks,

8 9 4 0 0 0 2 4 7 4

RETURN OF A BIRTH 55-700 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, April 23^d 94

4. Place of Birth, (Street and Number) 1616 Mullikin St.

5. Full Name of Mother, Nellie M. Sienga

6. Mother's Maiden Name, Nellie M. Wallington

7. Mother's Birthplace, N. Y. City

8. Full Name of Father, Ralph Sienga

9. Father's Occupation, Ice coal & wood Business

10. Father's Birthplace, N. Y. City

Name of Medical Attendant, or other person who makes this Return, Howard C. Silver M.D.

Address, 1427 E. Fayette St.

Remarks, 8940002475

RETURN OF A BIRTH. 55701

To the Office of Registrar of Vital Statistics; Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.)

First Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 28, 1874

4. Place of Birth, (Street and Number)

1003 N. Caroline St.

5. Full Name of Mother,

Mary B. Sindall

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James W. Sindall

9. Father's Occupation,

Builder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

J. B. Brown, M.D.

Address,

Bayan Street

Remarks,

8 9 4 0 0 0 2 4 7 6

RETURN OF A BIRTH. 55-702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

29th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 23 1881

4. Place of Birth, (Street and Number)

118 E 2nd Ave

5. Full Name of Mother,

Annie May Downey

6. Mother's Maiden Name,

" " Cronch

7. Mother's Birthplace,

MD. E L

8. Full Name of Father,

Joseph Marion Downey

9. Father's Occupation,

Laborm

10. Father's Birthplace,

MD E L

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 2 4 7 7

RETURN OF A BIRTH.

GIVEN NAME ADDED 10-5-56

53-703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hellie Benton Stanton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 28/94

4. Place of Birth, (Street and Number) 1017 E. Eldon St.

5. Full Name of Mother, Hannah O. Stanton

6. Mother's Maiden Name, Garfield

7. Mother's Birthplace, Howard Co. Md.

8. Full Name of Father, Andrew Denison Stanton

9. Father's Occupation, Sec. Loan Association

10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Christian

Address, 11561 Madison Ave.

Remarks, 1 8 9 4 0 0 0 2 4 7 8

Not to be used for any other purpose than for the purpose for which it was issued. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55-704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *April 23 1894*

4. Place of Birth, (Street and Number) *No. 2030 Christian St*

5. Full Name of Mother, *Meta Blobinger*

6. Mother's Maiden Name, *Meta Petrus*

7. Mother's Birthplace, *Germany Baltimore*

8. Full Name of Father, *John Blobinger*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 2 4 7 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *III*
 2. Sex, (state whether male or female) *Boy*
 3. Race or Color, (if not of the white race) *White*
 4. Date of Birth, *April 23/94*
 5. Place of Birth, (Street and Number) *1912 Wick Ann str.*
 6. Full Name of Mother, *Ida Fischer*
 7. Mother's Maiden Name, *Korn*
 8. Mother's Birthplace, *Germany*
 9. Full Name of Father, *Henry Fischer*
 10. Father's Occupation, *Shoemaker*
 11. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Seidenhofer*
 Address, *2225 Long St*
 Remarks, *8940002480*

Penalty to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) TX
 1. Sex, (state whether male or female) Girl
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 23/94
 4. Place of Birth, (Street and Number) 511 Philadelphia Road
 5. Full Name of Mother, Karolina Schilpp
 6. Mother's Maiden Name, " " Meisenhelder
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Gottlieb Schilpp
 9. Father's Occupation, Blacksmith
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer
 Address, 2225 Gough str
 Remarks, 8940002481

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
- 1. Sex, (state whether male or female).....
- 2. Race or Color, (if not of the white race).....
- 3. Date of Birth,.....
- 4. Place of Birth, (Street and Number).....
- 5. Full Name of Mother,.....
- 6. Mother's Maiden Name,.....
- 7. Mother's Birthplace,.....
- 8. Full Name of Father,.....
- 9. Father's Occupation,.....
- 10. Father's Birthplace,.....
- Name of Medical Attendant, or other person who makes this Return,.....
- Address,.....
- Remarks,.....

7.

Female

White

23rd of April 94

308 Baper Plas.

Lohana Rian

Lohana Grunewald

Germany

John August Rian

Carthagen

Germany

Friederike Kewler Midwife

2116 West Pratt St.

1 8 9 4 0 0 0 2 4 8 2

RETURN OF A BIRTH.

55708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Apr. 23

4. Place of Birth, (Street and Number)

113 W Lombard St.

5. Full Name of Mother,

Matthi Jones

6. Mother's Maiden Name,

Ma

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

C. S. Kier

Name of Medical Attendant, or other person who makes this Return.

113 W Lombard St.

Address,

Remarks,

8 9 4 0 0 0 2 4 8 3

RETURN OF A BIRTH. 55 709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)... I

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... White

3. Date of Birth, April 13 94

4. Place of Birth, (Street and Number) 622 W Lombard St -

5. Full Name of Mother, Nellie McCauley

6. Mother's Maiden Name, Nellie McCauley

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this report, Harry S. M.D. Senior Resident

Address, 622 W Lombard St

Remarks,

1 8 9 4 0 0 0 2 4 8 4

any such person or persons who shall hereinafter be found guilty of any offense against the provisions of this act, shall be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

F
Female
Colored

2. Race or Color, (if not of the white race)

3. Date of Birth, June 23 1940

4. Place of Birth, (Street and Number)

1000 in Shop - 622 N Lomb St
Julia Baskerville

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Thos S May MD Senior Pract
622 N Lomb St

Address,

Remarks,

18940002485

any such person or persons who shall hereafter have the contrary will be deemed to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten (\$10) dollars for each offence.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

7
Female

White

April 24th

758 St Peter St

Josephia Koehnlein

Josephia Rehling

Baltimore

William Koehnlein

Laborer

Baltimore

Helligondg. Oliver

641 So Jacob St

8940002485

entitled to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this act, shall be subject to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race). White
3. Date of Birth. April 24. 1894. 7.15 a.m.
4. Place of Birth, (Street and Number) 2811 Osmond St.
5. Full Name of Mother, Katie Schuler
6. Mother's Maiden Name, Katie Dickler
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph Schuler
9. Father's Occupation, Employed at the Electric Works
- Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return. F. W. Schuster M.D.
- Address, 1074 Canton St.
- Remarks,

8 9 4 0 0 0 2 4 8 7

RETURN OF A BIRTH

GIVEN NAME ADDED 7-24-33 537/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Raymond Christian Beck*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*

Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *April 24, 1894*

4. Place of Birth, (Street and Number) *1440 West York St. Waverly*

5. Full Name of Mother, *Mononah Beck*

6. Mother's Maiden Name, *Mononah Wain*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John F. Beck*

9. Father's Occupation, *Conductor on Motor Road*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this return, *Dr. E. J. Wise*

Address, *908 E. Lincoln Ave*

Remarks,

1 8 9 4 0 0 0 2 4 8 8

Not to be used for any purpose other than that for which it was issued. To be returned to the Office of Registrar of Vital Statistics, Baltimore City, with the birth record.

RETURN OF A BIRTH. 55714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act, or who shall be convicted of any offense under this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) Colored 24
- Date of Birth, 3-23-91
- Place of Birth, (Street and Number) 323 E. 4th St
- Full Name of Mother, Mary E. Smith
- Mother's Maiden Name, Walter
- Mother's Birthplace, Baltimore
- Full Name of Father, James
- Father's Occupation, Carter
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Charles H. Smith
- Address, 1616 Charles St
- Remarks,

1 8 9 4 0 0 0 2 4 8 9

RETURN OF A BIRTH. 55715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

name Catherine Bernadine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 24 1894

4. Place of Birth, (Street and Number)

657 Y. Laca St.
Anne Doudne

5. Full Name of Mother,

6. Mother's Maiden Name,

Amie Guseman

7. Mother's Birthplace,

8. Full Name of Father,

Sarah Logg St. Balto

9. Father's Occupation

James E. Doudne

10. Father's Birthplace,

Barber

Name of Medical Attendant, or other person who makes this Return

Amie Lindner

Address,

No. 106 S. W. 1st St.

Remarks,

18940002490

RETURN OF A BIRTH. 55716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 64

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 24 April 1894

4. Place of Birth, (Street and Number) 1615 E Monument St

5. Full Name of Mother, Katie Finch

6. Mother's Maiden Name, " Wilhelm

7. Mother's Birthplace, Balto

8. Full Name of Father, John Finch

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Greene

Address, 944 S Aug St

Remarks,

8940002491

RETURN OF A BIRTH. 53717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race)
 3. Date of Birth, April 24 1894
 4. Place of Birth, (Street and Number) 107 W. Camden St
 5. Full Name of Mother, Ella Hink
 6. Mother's Maiden Name, H
 7. Mother's Birthplace, Balto
 8. Full Name of Father, William Hink
 9. Father's Occupation, Porter
 10. Father's Birthplace, Balto
 Name of Medical Attendant, or other person who makes this Return, Mrs Julia Brown
 Address, 944 N Bay St
 Remarks,

1 8 9 4 0 0 0 2 4 9 2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 13 - 1893*

4. Place of Birth, (Street and Number) *Baltimore*

5. Full Name of Mother, *Oranne*

6. Mother's Maiden Name, *" Barry*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Robert J. Oranne*

9. Father's Occupation *carpenter*

10. Father's Birthplace, *Baltimore*

11. Name of Medical Attendant, or other person who makes this Return, *Dr. J. H. Williams*

Address, *1605 Primmer St*

Remarks, _____

18940002493

RETURN OF A BIRTH. 53719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,.....

Address,.....

Remarks,.....

8 9 4 0 0 0 2 4 9 4

RETURN OF A BIRTH. 55-750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24 1904

4. Place of Birth, (Street and Number) 226 S. Chester str.

5. Full Name of Mother, Mary E. Bardroff

6. Mother's Maiden Name, Dirken

7. Mother's Birthplace, Balto.

8. Full Name of Father, G. Edward Bardroff

9. Father's Occupation, Weighmaster

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dissenhofer

Address, 2225 Gough str

Remarks, 8940002495

RETURN OF A BIRTH. 55-721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *24 April*
4. Place of Birth, (Street and Number) *126 George St.*
5. Full Name of Mother, *Christina Hoff*
6. Mother's Maiden Name, *Bourman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Andre Hoff*
9. Father's Occupation, *furniture worker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *W. H. M. Jones*
- Address, *1331 Alice St. Locust Point.*
- Remarks, _____

8 9 4 0 0 0 2 4 9 6

RETURN OF A BIRTH. 53722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

April 24 1874

4. Place of Birth, (Street and Number)

1835 Boctm st

5. Full Name of Mother,

Amanda McKelip

6. Mother's Maiden Name,

Johns

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Jos A McKelip

9. Father's Occupation,

Banker

10. Father's Birthplace,

Md

Name of Medical Attendant, or other person who makes this Return.

D. V. C. Windsor,

Address,

Remarks,

18940002497

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)..... *Female*
 2. Race or Color, (if not of the white race)..... *White*
 3. Date of Birth,..... *April 24th 1894*
 4. Place of Birth, (Street and Number)..... *3036 O'Donnell St.*
 5. Full Name of Mother,..... *Annie Poole*
 6. Mother's Maiden Name,..... *Ginsmore*
 7. Mother's Birthplace,..... *City*
 8. Full Name of Father,..... *Edward Poole*
 9. Father's Occupation..... *Ginsman in Oil Refinery Canton*
 10. Father's Birthplace,..... *Richburg, W. Va.*
 Name of Medical Attendant, or other person who makes this Return,..... *E. P. Evans M.D.*
 Address,..... *1835 - E. Balto. St.*
 Remarks,.....

8 9 4 0 0 0 2 4 9 8

RETURN OF A BIRTH. 55-434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
 2. Sex, (state whether male or female) *Female*
 3. Race or Color, (if not of the white race) *white*
 4. Date of Birth, *April 24/94*
 5. Place of Birth, (Street and Number) *1229 Orleans St.*
 6. Full Name of Mother, *Katie Tighe*
 7. Mother's Maiden Name, *Campbell*
 8. Mother's Birthplace, *Bald.*
 9. Full Name of Father, *Jas. Tighe*
 10. Father's Occupation, *Iron*
 11. Father's Birthplace, *Ireland*
 Name of Medical Attendant, or other person who makes this Return, *R. W. Mansfield M.D.*
 Address, _____
 Remarks, _____

1 8 9 4 0 0 0 2 4 9 9

RETURN OF A BIRTH. 55725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person who shall neglect to file this return, or who shall file a false return, or who shall file a return in violation of the provisions of this section shall be subject to the fine of ten (\$10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Tuesday April 24th 1894.*
4. Place of Birth, (Street and Number) *235 E. Hughes Avenue*
5. Full Name of Mother, *Jennie S. McChesler*
6. Mother's Maiden Name, *Jennie S. Cuckison*
7. Mother's Birthplace, *Havre de Grace Maryland, Co. Md.*
8. Full Name of Father, *Robert A. McChesler*
9. Father's Occupation, *Jim Saw Maker*
- Father's Birthplace, *Baltimore City, Maryland*
- Name of Medical Attendant, or other person who makes this Return, *Batherson & Son*
- Address, *Leadonhall & Mountgomery St 100*
- Remarks, _____

18940002500

RETURN OF A BIRTH. 55726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24th 1894

4. Place of Birth, (Street and Number) 521 S. Hollington Ave. Baltimore

5. Full Name of Mother, Emma Nussener

6. Mother's Maiden Name, Emma Brown

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Nussener

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary W. Taylor

Address, #615 S. Patterson St. Ave.

Remarks,

18940002501

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

784

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 2 5 0 2

and subject to the provisions of the Act, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female).

3. Race or Color, (if not of the white race).

4. Date of Birth,

5. Place of Birth, (Street and Number).

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940002503

RETURN OF A BIRTH. 55729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be liable to a fine of not less than five dollars nor more than ten dollars, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *24 April 1894*
 3. Date of Birth, *804 1st St.*
 4. Place of Birth, (Street and Number) *Mary Thal*
 5. Full Name of Mother, *Mary Fechner*
 6. Mother's Maiden Name, *Germany*
 7. Mother's Birthplace, *Mary Thal*
 8. Full Name of Father, *Carpet weaver*
 9. Father's Occupation, *Germany*
 Father's Birthplace, *Mrs P. Sierseman*
 Name of Medical Attendant, or other person who makes this Return, *1225 Hare street*
 Address,
 Remarks,

8940002504

RETURN OF A BIRTH.

55730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *April 24th 1894*
4. Place of Birth, (Street and Number) *No. 20 Browns Lane*
5. Full Name of Mother, *Lena Poppe*
6. Mother's Maiden Name, *Hamm.*
7. Mother's Birthplace, *Prichard*
8. Full Name of Father, *Martin Poppe*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Schweinford.*
- Name of Medical Attendant, or other person who makes this Return, *Amie Lindner*
- Address, *No. 116 S. Monroe.*
- Remarks,

8940002505

shall be reported to the Registrar of Births, Deaths and Marriages, Baltimore City, within the period above required, and any failure to do so shall be deemed an offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53-731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male -*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Apr. 24th 1894*

4. Place of Birth, (Street and Number) *641 Fulton Ave*

5. Full Name of Mother, *Julia C. B. Moffit*

6. Mother's Maiden Name, *" " Booth*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Paul A. Moffit*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *Harvey Hill MD*

Address, *207 Barclay St*

Remarks, _____

18940002506

RETURN OF A BIRTH.

55732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female). *male*
2. Race or Color, (if not of the white race). *white*
3. Date of Birth. *25th of April 1894*
4. Place of Birth, (Street and Number). *No. 513 West St Baltimore Md.*
5. Full Name of Mother. *Mrs Jennie Masfield*
6. Mother's Maiden Name. *Miss Jennie Lenz*
7. Mother's Birthplace. *Baltimore*
8. Full Name of Father. *Mr George H. Masfield*
9. Father's Occupation. *Glass Blower*
10. Father's Birthplace. *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Wm. Bangs*
- Address. *111 Cross St*
- Remarks.

+ 8 9 4 0 0 0 2 5 0 7

RETURN OF A BIRTH. 55733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940002508

RETURN OF A BIRTH 55734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 25th 1894

4. Place of Birth, (Street and Number) 1529 N. Broadway

5. Full Name of Mother, Minnie Keplinger

6. Mother's Maiden Name, Wilcox

7. Mother's Birthplace, Balt

8. Full Name of Father, John B. Keplinger

9. Father's Occupation, Lawyer

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, J. B. Schwabert M.D.

Address, 1005 N. Broadway

Remarks,

1 8 9 4 0 0 0 2 5 0 9

RETURN OF A BIRTH. 55-735-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 25, 1894*
4. Place of Birth, (Street and Number) *2418 N. Baltimore Ave*
5. Full Name of Mother, *Victoria Jackson*
6. Mother's Maiden Name, *Victoria Boyle*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John A. Jones*
9. Father's Occupation, *Carriage Driver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Dr. J. C. Jones*
- Address, *224 N. Charles St.*
- Remarks, _____

8940002510

RETURN OF A BIRTH.

55736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 28/94*
4. Place of Birth, (Street and Number) *411 N. Wolfe St.*
5. Full Name of Mother, *Mary Gore*
6. Mother's Maiden Name, *Mary Snyder*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Wm. H. Gore*
9. Father's Occupation, *Clerk*
- Father's Birthplace, *Balt.*
- Name of Medical Attendant, or other person who makes this Return, *A. C. Polo*
- Address, *2038 Madison av*
- Remarks, _____

8940002511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55-437

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 25th 1894

4. Place of Birth, (Street and Number) 144 E. Horn Street

5. Full Name of Mother, Mary Edwards

6. Mother's Maiden Name, Mary Price

7. Mother's Birthplace, Baltimore city Ind.

8. Full Name of Father, George Edwards

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore city Ind.

Name of Medical Attendant, or other person who makes this Return, Cordelia Ann Howard.

Address, 1013 N. E. Maple St Bet. Chas. Ave. & E. Ave.

Remarks, C. J. 8940002512

GIVEN NAME ADDED 8-3-51

RETURN OF A BIRTH

55738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Lillian A. Meserke*

No. of Child of Mother, (state whether 1st, 2nd, 3rd, etc.)

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

April 26 1894

4. Place of Birth, (Street and Number)

1528 Hanover St

5. Full Name of Mother,

Lizzie S. Meserke

6. Mother's Maiden Name,

Lizzie S. North

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Wm H. Meserke

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Dr. Wiley M. S.

Address,

724 N. Beary St

Remarks,

8940002513

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55-739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight Child.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 25th 1894

4. Place of Birth, (Street and Number)

Baltimore Md 323 Wardsman St.

5. Full Name of Mother,

Marie Luna

6. Mother's Maiden Name,

Marie Seatonig

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Seatonig

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Mary J. Seatonig

Address.

414 S. Street, S.E. Baltimore, Md.

Remarks,

Mother and child are living well.

8940002514

RETURN OF A BIRTH.

55740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth,
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father,
 9. Father's Occupation
 Father's Birthplace,
 Name of Medical Attendant, or other person who makes this Return.
 Address,
 Remarks,

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth,
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father,
 9. Father's Occupation
 Father's Birthplace,
 Name of Medical Attendant, or other person who makes this Return.
 Address,
 Remarks,

8940002515

RETURN OF A BIRTH. 55741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Wth
 1. Sex, (state whether male or female). Male
 2. Race or Color, (if not of the white race). White
 3. Date of Birth, April 25 1894
 4. Place of Birth, (Street and Number) 1705 Minnabury St
 5. Full Name of Mother, Gene Gutierrez Allen
 6. Mother's Maiden Name, Gene Gutierrez Evans
 7. Mother's Birthplace, Cambridge, Penna.
 8. Full Name of Father, John Allen Allen
 9. Father's Occupation, Commons Surveyor
 10. Father's Birthplace, Cambridge, Mass.
 Name of Medical Attendant, or other person who makes this Return, W. S. Keef M.D.
 Address, 1529 N. Gilman St.
 Remarks, Child's Name, Ross Allen

1 8 9 4 0 0 0 2 5 1 6

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *55742* To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 25th 9. A.M. 1894

4. Place of Birth, (Street and Number)

700 Light St

5. Full Name of Mother,

Rebecca Seif

6. Mother's Maiden Name,

Rebecca Weidell

7. Mother's Birthplace,

Jersey Shore, Pa

8. Full Name of Father,

Jacob S. Seif

9. Father's Occupation,

Merchant

10. Father's Birthplace,

New York N.Y.

Name of Medical Attendant, or other person who makes this Return.

A. H. Saxton St

Address,

1136 W. Lexington

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 55743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th 1894

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 28th 1894

4. Place of Birth, (Street and Number)

158 Roger Ave

5. Full Name of Mother.

Ella Manns

6. Mother's Maiden Name,

Lowe

7. Mother's Birthplace,

North Carolina

8. Full Name of Father,

Thos H Manns

9. Father's Occupation,

Porter

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this return.

Sam J Belkind

Address,

374 E. E. St

Remarks,

8940002518

For each offense to be recovered as other fines and forfeitures are recoverable.

Sec'd to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name:

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *April 25 1894*
4. Place of Birth, (Street and Number) *1115 Etting St.*
5. Full Name of Mother, *Belle Williams*
6. Mother's Maiden Name, *Nelson*
7. Mother's Birthplace, *Howard Co. Md*
8. Full Name of Father, *Thos. H. Williams*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Edward Tunney M.D.*
- Address, *107 N. Eubank St.*
- Remarks,

18940002519

RETURN OF A BIRTH.

55745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 2 —

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 25-1894

4. Place of Birth. (Street and Number) 320 S. Eden St.

5. Full Name of Mother, Caroline Charlotte Roth

6. Mother's Maiden Name, Hedden

7. Mother's Birthplace, Parkville Baltw. Co. Md.

8. Full Name of Father, Jas. Chas. Roth

9. Father's Occupation, Carpenter

Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, D. G. Dausch

Address, 1729 E. Baltw. A.

Remarks,

8940002520

RETURN OF A BIRTH.

55746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) _____ *Male*

2. Race or Color, (if not of the white race) _____ *White*

3. Date of Birth, *April 25 1894*

4. Place of Birth, (Street and Number) _____ *3090 Leader at Baltimore*

5. Full Name of Mother, *Laura J. McFadden*

6. Mother's Maiden Name, *Thompson*

7. Mother's Birthplace, *Baltimore County*

8. Full Name of Father, *William J. McFadden*

9. Father's Occupation, *Carpenter and Builder*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, _____

Address, *Martha E. King*

Remarks, *595 Nichols at, Handlen*
1894000521 Baltimore Md

RETURN OF A BIRTH. 55747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- 2 of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 25 91
4. Place of Birth, (Street and Number) 712 N. E. Ave. St.
5. Full Name of Mother, Maria Redmond
6. Mother's Maiden Name, Appleby
7. Mother's Birthplace, Wilmington Del.
8. Full Name of Father, John Redmond
9. Father's Occupation, Machinist
- 10 Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, W. B. Reay M.D.
- Address, 712 N. E. Ave. St.
- Remarks,

1 8 9 4 0 0 0 2 5 2 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable,
and shall, in addition, be liable to the penalty above required, and

RETURN OF A BIRTH. 55748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *G*

2. Race or Color, (if not of the white race)

3. Date of Birth, *25 April*

4. Place of Birth, (Street and Number) *1433 Radysen St*

5. Full Name of Mother, *Anna Jones*

6. Mother's Maiden Name, *Duke*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Anton Jones*

9. Father's Occupation, *Shoemaker*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Calvin J. Williams*

Address, *100 Seaboard Ave*

Remarks,

18940002523

RETURN OF A BIRTH. 55749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 25- 1884
 4. Place of Birth, (Street and Number) Harrison St Homestead
 5. Full Name of Mother, Ida L. Leary
 6. Mother's Maiden Name, Bale
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, William F. Leary
 9. Father's Occupation, Blacksmith
 10. Father's Birthplace, Delaware
- Name of Medical Attendant, or other person who makes this Return Hyman M. Weiss M.D.
- Address, 237 Gosnell Avenue
- Remarks,

8940002524

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth. Apr. 25

4. Place of Birth, (Street and Number) 715 W. Lombard St.

5. Full Name of Mother, Mary Brooks

6. Mother's Maiden Name, va

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation —

☒ Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. C. S. Neer

Address, 115 W. Lombard St.

Remarks, —

1 8 9 4 0 0 0 2 5 2 5

RETURN OF A BIRTH. 55767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child
 1. Sex, (state whether male or female), female
 2. Race or Color, (if not of the white race), white
 3. Date of Birth, April 26th
 4. Place of Birth, (Street and Number), 936 Burgundy St
 5. Full Name of Mother, Katie Duckett
 6. Mother's Maiden Name, Kate McKeale
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Robert Duckett
 9. Father's Occupation, Driver
 10. Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, or other person who makes this Return, Mrs R. Bange
 Address, 711 N. Broadway
 Remarks,

8 9 4 0 0 0 2 5 2 6

child to report his birth to the Commissioner of Health in the manner and within the period above required, and any such person or person failing to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth, *April 26, 1904, 3:45 a.m. Monday*

4. Place of Birth, (Street and Number) *219, E. Hollenbeck St.*

5. Full Name of Mother, *Mary Butler*

6. Mother's Maiden Name, *Helmer*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Geo. Theodor Butler*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this return, *Mr. Maria Kenna from the*

Address, *Evening Dispensary 614 E. Charles St.*

Remarks, _____

18940002527

shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such omission or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 85

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26. (6:10 clock morning)
4. Place of Birth, (Street and Number) 1615 Olive Street near Camden
5. Full Name of Mother, Eva Thompson
6. Mother's Maiden Name, Benson
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Dismeijer Thompson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mr. Maria Leland, from the

Address, Evening Dispensary 614 S. Charles Street

Remarks,

18940002528

RETURN OF A BIRTH. 55754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... April 26, 1894
4. Place of Birth, (Street and Number)..... 202 Grindall St.
5. Full Name of Mother,..... Mary C. Winters
6. Mother's Maiden Name,..... " Arnold.
7. Mother's Birthplace,..... Balto. City
8. Full Name of Father,..... Frederick C. Winters.
9. Father's Occupation..... Processor
10. Father's Birthplace,..... Balto. City, Ind.
11. Name of Medical Attendant, or other person who makes this Return,..... R. J. D. Tall, M.D.
12. Address,..... 524 Sharp St.
13. Remarks,.....

1 8 9 4 0 0 0 2 5 2 9

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and

RETURN OF A BIRTH. 55755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

11th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

April 26th 1894

4. Place of Birth, (Street and Number)

101162 W. Hamburg St

5. Full Name of Mother.

Josephine Burgess

6. Mother's Maiden Name.

Josephine Schuch

7. Mother's Birthplace.

Frederick City Md

8. Full Name of Father.

David Burgess Burgess

9. Father's Occupation.

Glass Cutter

10. Father's Birthplace.

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Mrs. Bange

Address.

711 Concord Street

Remarks.

18940002530

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable

RETURN OF A BIRTH. 53756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *26 April*
 4. Place of Birth, (Street and Number) *1138 Pinkney St.*
 5. Full Name of Mother, *Minnie Murphy*
 6. Mother's Maiden Name, *Minnie Goddard*
 7. Mother's Birthplace, *West Virginia*
 8. Full Name of Father, *John Murphy*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Dr. J. H. Cross*
 Address, *711 West Cross St.*
 Remarks,

8940002531

only such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Whoever neglects to report the birth to the Commissioner of Health, or who fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White race*
4. Date of Birth, *26th April*
5. Place of Birth, (Street and Number) *913 Mc Henry St. Baltimore Md*
6. Full Name of Mother, *Minnie Meyberger*
7. Mother's Maiden Name, *Minnie Laffer*
8. Mother's Birthplace, *St. Michaels Md.*
9. Full Name of Father, *Herman Meyberger*
10. Father's Occupation, *Carpenter*
11. Father's Birthplace, *Baltimore Md.*
12. Name of Medical Attendant, or other person who makes this Return, *Wm. B. Bange*
13. Address, *711 W. Cross St*
14. Remarks,

18940002532

RETURN OF A BIRTH. 53-758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether 1st, 2d, 3d, &c.) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 26/94

4. Place of Birth, (Street and Number) 1802 Stripper str

5. Full Name of Mother, Margaretha Kobessler

6. Mother's Maiden Name, Bailer

7. Mother's Birthplace, Germany

8. Full Name of Father, John Kobessler

9. Father's Occupation, Stevendore

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seidenhofer

Address, 2225 Gough str

Remarks, 894000253

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

55759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) Colored

3. Date of Birth, April 26, 1894

4. Place of Birth, (Street and Number) Over St 321

5. Full Name of Mother, Lela B Washington

6. Mother's Maiden Name, Lela Johnson

7. Mother's Birthplace, Baltimore Ind

8. Full Name of Father, Lela Washington

9. Father's Occupation, Swords

Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Annie Carson

Address, P 73 Stokholm St

Remarks, All

8940002534

RETURN OF A BIRTH 55-760 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

~~Female~~ *Male*

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 20th 1896

4. Place of Birth, (Street and Number)

400 S. Calhoun

5. Full Name of Mother,

Julia M. Bailey

6. Mother's Maiden Name,

" " " "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. J. Bailey

9. Father's Occupation,

Compositor

10. Father's Birthplace,

New York N. Y.

Name of Medical Attendant, or other person who makes this Return.

Dr. H. H. H. H.

Address,

1095 W. Franklin

Remarks,

L 01 8.9 40.00 2535

Each registration is to be made as the Registrar of Births, in the manner and within the period above required, and each person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

1. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

~~0 9 4 0 0 0 2 5 3 6~~

RETURN OF A BIRTH.

55-762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 26th 1894

4. Place of Birth, (Street and Number)

1725 Olive St

5. Full Name of Mother,

Gertrude Harvey

6. Mother's Maiden Name,

Gertrude Ferguson

7. Mother's Birthplace,

Baltimore county

8. Full Name of Father,

James E. Harvey

9. Father's Occupation,

Miner

10. Father's Birthplace,

Washington Dc

Name of Medical Attendant, or other person who makes this Return,

Ellenora A. Anderson

Address,

1434 Patapsco St

Remarks,

8940002537

RETURN OF A BIRTH.

55-763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th April
4. Place of Birth, (Street and Number) 134th Burgundy St. N.Y. C.
5. Full Name of Mother, Maria Pauls
6. Mother's Maiden Name, Tauer
7. Mother's Birthplace, Bamberg, Bavarian Ger.
8. Full Name of Father, Theo. Pauls
9. Father's Occupation, Brewer
10. Father's Birthplace, Carlsruhe, Siles. Prussia Ger.
- Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff
- Address, N. 1136 Cleveland St.
- Remarks,

18940002538

RETURN OF A BIRTH 53-764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Second child*

1. Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *April 26, 1894*

4. Place of Birth, (Street and Number) *283 Hickory Ave. Hampden*

5. Full Name of Mother, *Anna C. Breighner*

6. Mother's Maiden Name, *Laura C. Stater*

7. Mother's Birthplace, *Morgan Co. West Virginia*

8. Full Name of Father, *Francis A. Breighner*

9. Father's Occupation, *Station Manufacturer*

10. Father's Birthplace, *York Co. Pennsylvania*

Name of Medical Attendant, or other person who makes this Return, *Elizabeth Ginnerson*

Address, *Hampden*

Remarks, *18940002539*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Noted to the fine often (by) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 26 94

4. Place of Birth, (Street and Number) Free Lying in Hosp 622 W Lombard St

5. Full Name of Mother, Nellie Jackson

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Assistant, or other person who makes this Return, Mary Little M.D. Spaulding

Address, Free Lying in Hosp 622 W Lombard St

Remarks, _____

8 9 4 0 0 0 2 5 4 0

RETURN OF A BIRTH.

55766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- 1. Sex, (state whether male or female) female
- 2. Race or Color, (if not of the white race) White
- 3. Date of Birth, 27th of April 94
- 4. Place of Birth, (Street and Number) So. Longwehrs Lane
- 5. Full Name of Mother, Louise Lambrecht
- 6. Mother's Maiden Name, Louise Winter
- 7. Mother's Birthplace, Germany
- 8. Full Name of Father, Peter Lambrecht
- 9. Father's Occupation, Deutsches
- 10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Friederike Hecker midwife
- Address, 2116 W. Pratt St.
- Remarks,

1 8 9 4 0 0 0 2 5 4 1

RETURN OF A BIRTH. 55-767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Color*
 3. Date of Birth, *April 27th 1894*
 4. Place of Birth, (Street and Number) *651 Bankard alley*
 5. Full Name of Mother, *Kate Marshall*
 6. Mother's Maiden Name, *Kate Smith*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *Joel Marshall*
 9. Father's Occupation, *Labor*
 10. Father's Birthplace, *Baltimore Md*
 Name of Medical Attendant, or other person who makes this Return, *Mrs Charlotte Williams*
 Address, *710 Leaden - Hall st*
 Remarks, _____

1 8 9 4 0 0 0 2 5 4 2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- 55-468
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *27 of April 1894*
4. Place of Birth, (Street and Number) *619 Monmouth Ave.*
5. Full Name of Mother, *Katie Fritz*
6. Mother's Maiden Name, *Kirschfeld*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Isidor Fritz*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. L. Gross*
- Address, *1907 G Monmouth St.*
- Remarks,

18940002543

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *April 27 - 1894*
4. Place of Birth, (Street and Number) *600 S. Ann St.*
5. Full Name of Mother, *Johanna Kaepfel*
6. Mother's Maiden Name, *Hehlert*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Kaepfel*
9. Father's Occupation, *Unter-Taker*
- Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mary Stein*
- Address, *427 E. Pratt St.*
- Remarks, _____

8940002544

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55770

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22d April 1894

4. Place of Birth, (Street and Number) Bird St. No. 1418

5. Full Name of Mother, Mari Schully

6. Mother's Maiden Name, Schuster

7. Mother's Birthplace, Germany

8. Full Name of Father, Martin Schully

9. Father's Occupation, Walt. Clerk

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, _____

Address, Caroline Schully Paul St. g. No. 434

Remarks, _____

1 8 9 4 0 0 0 2 5 4 5

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9. Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born April 27th 1894

4. Place of Birth, (Street and Number)

H 1802 Dover Str

5. Full Name of Mother,

Mrs. Barbra Graf

6. Mother's Maiden Name,

Moiss " Sebald

7. Mother's Birthplace,

Bayern Germany

8. Full Name of Father,

Michael Graf

9. Father's Occupation,

Brewer

10. Father's Birthplace,

Bayern Germany

Name of Medical Attendant, or other person who makes this return,

Mrs. Hiller

Address,

H 2127 W. Pratt Str

Remarks,

8 9 4 0 0 0 2 5 4 6

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected in the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d. &c.) *10th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *27 of Sept. 1894*
4. Place of Birth, (Street and Number) *1431 Orleans St*
5. Full Name of Mother, *Marie Walter*
6. Mother's Maiden Name, *Marie White*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Walter*
9. Father's Occupation, *Dealer*
10. Father's Birthplace, *Baltimore*
11. Name of Medical Attendant, or other person who makes this Return, *Mrs. Lea Hill, M.D.*
- Address, *207 N. Castle St. Baltimore.*
- Remarks, *~~~~~*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55 7/73

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27/94
4. Place of Birth, (Street and Number) 121 S. Castle str.
5. Full Name of Mother, Ratie Lockwood
6. Mother's Maiden Name, Glatauer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Richard Lockwood
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.
Name of Medical Attendant, or other person who makes this Return, Mrs. Seibert
Address, 2225 Gough str
Remarks, _____

8940002548

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

4
RETURN OF A BIRTH. 55744
GIVEN NAME ADDED, 1-15-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles William Blunt

10. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 27th 1894

4. Place of Birth, (Street and Number) Canal St

5. Full Name of Mother, Jessie Blunt

6. Mother's Maiden Name, Jessie School

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Blunt

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 2 5 4 9

RETURN OF A BIRTH. 55-775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 April 1894
4. Place of Birth, (Street and Number) 1208 Scott
5. Full Name of Mother, Jennie Vetter
6. Mother's Maiden Name, Jennie Shannon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Will Vetter
9. Father's Occupation, Seaman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mary Ellen Beatty
- Address, 729 N. Paca St.
- Remarks, _____

Over

RETURN OF A BIRTH.

557 1/6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Geraldine Flaherty*

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

April 27 1904

4. Place of Birth, (Street and Number)

2312 E. Fayette

5. Full Name of Mother,

Annie S. Flaherty

6. Mother's Maiden Name,

" Hayes

7. Mother's Birthplace,

B. C.

8. Full Name of Father,

Charles F. Flaherty

9. Father's Occupation

Cashier

10. Father's Birthplace,

B. C.

Name of Medical Attendant, or other person who makes this Return.

Geo. L. McVitt

Address,

112 N. Broadway

Remarks,

1 8 9 4 0 0 0 2 5 5 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55477

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

Sex, (state whether male or female) *Male*

(if not of the white race) *White*

April 27.

Place, (Street and Number) *No. 1833*

Mother, *Mrs. Minnie Knapp*

Birth Name, *Minnie Schaefer*

Place, *Baltimore City*

Father, *Albert Knapp*

Occupation, *Butcher*

Place, *Baltimore City*

Medical Attendant, or other person who makes this Return. *Ruth A. Coalhouse*

1830 No. 1833 Baltimore City

18940002552

RETURN OF A BIRTH. 55778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr. 27/94

4. Place of Birth, (Street and Number) 2027 Herbert St.

5. Full Name of Mother, Mrs Katie Simpson

6. Mother's Maiden Name, Katie Metzger

7. Mother's Birthplace, Germany

8. Full Name of Father, William Simpson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2505 Penna. Ave

Remarks, Face presentation, (right mento posterior)
craniotomized into vertex presentation by Kelly method.

8940002553

RETURN OF A BIRTH. 55779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense and to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether 1st, 2d, 3d, &c.) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 27th 94*
4. Place of Birth, (Street and Number) *S. Carey St (not numbered)*
5. Full Name of Mother, *Ellen Batch*
6. Mother's Maiden Name, *Ellen O'neal*
7. Mother's Birthplace, *Howard Co. Md.*
8. Full Name of Father, *Edward Batch*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Henry C. Oble. Md.*
- Address, *1203 W. Fayette St*
- Remarks, _____

18940002554

CIVIL NAME ADDED 3-27-55
RETURN OF A BIRTH. 55780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nattie French

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *April 27th 1894*

4. Place of Birth, (Street and Number) *Baltimore, 622 One Elder Court*

5. Full Name of Mother, *Carabella French*

6. Mother's Maiden Name, *Baltimore*

7. Mother's Birthplace, *Williams French*

8. Full Name of Father, *Labovitz*

9. Father's Occupation, *Iron Worker*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. B. Smith*

Address, _____

Remarks, _____

18940002555

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

called to report to the Registrar of Vital Statistics, Baltimore City, the birth of a child, and to file a return therefor, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

2. Sex, (state whether male or female)

girl

3. Race or Color, (if not of the white race)

4. Date of Birth,

24 April

5. Place of Birth, (Street and Number)

928 Hopkins St.

6. Full Name of Mother,

Mary Faulhaber

7. Mother's Maiden Name,

Blaffenbach

8. Mother's Birthplace,

Ball.

9. Full Name of Father,

Andres Faulhaber

10. Father's Occupation,

Carpenter

11. Father's Birthplace,

Germania

Name of Medical Attendant, or other person who makes this Return.

Annie Walker

Address,

928 A. East. St.

Remarks,

18940002556

RETURN OF A BIRTH. 55782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *IV*
2. Sex, (state whether male or female) *Girl*
3. Race or Color, (if not of the 'white race) *White*
4. Date of Birth, *April 27/94*
5. Place of Birth, (Street and Number) *1909 Alice Ann str.*
6. Full Name of Mother, *Mary Fleiner*
7. Mother's Maiden Name, *" Diehl*
8. Mother's Birthplace, *Balto.*
9. Full Name of Father, *Geo. Fleiner*
10. Father's Occupation, *Baker*
11. Father's Birthplace, *Germany*
12. Name of Medical Attendant, or other person who makes this Return, *Mrs. Seisenhofer*
13. Address, *1225 Gough str.*
14. Remarks, *8940002557*

Any kind of person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be fined to the sum of ten (\$10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16 Apr 27 94*
4. Place of Birth, (Street and Number) *16 Green St*
5. Full Name of Mother, *Mary Jones*
6. Mother's Maiden Name, *Mary Thomas*
7. Mother's Birthplace, *Cumterville Md*
8. Full Name of Father, *Emory Jones*
9. Father's Occupation, *labor*
10. Father's Birthplace, *Cumterville Md*
- Name of Medical Attendant, or other person who makes this Return, *Abella Brooks*
- Address, *1132 Manner St*
- Remarks, *Giving milk*

18940002558

RETURN OF A BIRTH. 55784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race)
 3. Date of Birth, Jan 24th 1894
 4. Place of Birth, (Street and Number) 14 Plymouth Ave. West Woodberry
 5. Full Name of Mother, Elizabeth Catherine Ray
 6. Mother's Maiden Name, Elizabeth C. Morgenwick
 7. Mother's Birthplace, Balt. Co. Md.
 8. Full Name of Father, Howard W. Ray
 9. Father's Occupation, Employee in cotton factory
 10. Father's Birthplace, Balt. Co. Md.
 Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.
 Address, 421 Roland Ave. Hampden
 Remarks,

18940002559

RETURN OF A BIRTH. 55785 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 April
4. Place of Birth, (Street and Number) 407. 1st St.
5. Full Name of Mother, Bridget Farrell
6. Mother's Maiden Name, Bridget McCormick
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Farrell
9. Father's Occupation, Teamster
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return, Mrs. D. G. midwife
- Address, No. 306. N. High St.
- Remarks,

1 8 9 4 0 0 0 2 5 6 0

RETURN OF A BIRTH. 55786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940002561

RETURN OF A BIRTH 55787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, April 28th 1894

4. Place of Birth, (Street and Number) 1647 E. Madison st -

5. Full Name of Mother, Augusta J. Foster

6. Mother's Maiden Name, " " Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Foster

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. L. Russell M.D.

Address, 800 N. Broadway -

Remarks,

3 4 4 0 0 0 2 5 6 2

RETURN OF A BIRTH. 55788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth, April 25, (5 1/2 30 morning).

4. Place of Birth, (Street and Number) 134 W. Threlkeld Street.

5. Full Name of Mother, Annie Clayton

6. Mother's Maiden Name, Beyrath

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Clayton

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Marie Kamm, from the

Address, Crossing Dispensary 614 S Charles Street.

Remarks,

1 8 9 4 0 0 0 2 5 6 3

RETURN OF A BIRTH. 55789 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 28, 1894

4. Place of Birth, (Street and Number) 821 Portland Ave.

5. Full Name of Mother, Margaret H. Hartzel

6. Mother's Maiden Name, Margaret Duty

7. Mother's Birthplace, Buffalo, N.Y.

8. Full Name of Father, Thomas Hartzel

9. Father's Occupation, Carpenter

10. Father's Birthplace, Buffalo, N.Y.

Name of Medical Attendant, or other person who makes this Return, Harry J. Harrison

Address, 824 Canton St.

Remarks,

8940002564

RETURN OF A BIRTH. 55-790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the regulations of this section shall be subjected to the fine of ten (\$10) dollars, for each offence, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Saturday, 26 April 1874

4. Place of Birth, (Street and Number)

2 E. Henrietta St.

5. Full Name of Mother,

Elizabeth Renth

6. Mother's Maiden Name,

Elizoid

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Renth

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Dr. George Thompson
and Dr. Samuel C. C.

Address,

Remarks,

8940002565

RETURN OF A BIRTH. 55491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 28th

4. Place of Birth, (Street and Number) Calverton Road

5. Full Name of Mother, Annie Nixon

6. Mother's Maiden Name, Annie Busby

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, John Nixon

9. Father's Occupation, Milkman

Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Dr. H. Scally

Address, Wethersville, Balt. Co.

Remarks, _____

1 8 4 4 0 0 0 2 5 6 6

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any omission of this section shall be subject to a fine of \$10, and any omission to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)..... 3rd Child Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth..... April 28 1896
4. Place of Birth, (Street and Number)..... 36 Compton St
5. Full Name of Mother..... Mary Sander
6. Mother's Maiden Name..... Mary Grou
7. Mother's Birthplace..... Baltimore
8. Full Name of Father..... William Sander
9. Father's Occupation..... Letter Carrier
10. Father's Birthplace..... Baltimore
- Name of Medical Attendant, or other person who makes this Return..... M. R. Gaskin
- Address..... 213 E. North St
- Remarks..... Living Well

8940002567

RETURN OF A BIRTH. 55793 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) 1st
Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, April 28th, 1911
4. Place of Birth, (Street and Number) 567 N. Baltimore St.
Louis W. Gurdiff
5. Full Name of Mother, Louis W. Gurdiff
6. Mother's Maiden Name, Louis W.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, John C. Gurdiff
9. Father's Occupation, Electric wireman
10. Father's Birthplace, Lancaster, Pa.
11. Name of Medical Attendant, or other person who makes this Return, Mrs. Jennie Gurdiff
12. Address, 19th & Eden St.
13. Remarks, _____

Subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 4 0 0 0 2 5 6 8

RETURN OF A BIRTH.

55-794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 28th 1894.

4. Place of Birth, (Street and Number)

663 Raborg street,

5. Full Name of Mother,

Annie Simmons.

6. Mother's Maiden Name,

Baltimore, Md.

7. Mother's Birthplace,

Edward Pittman.

8. Full Name of Father,

Drug Clerk.

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this return.

William H. Brooks, M.D.

Address,

1701 N. Charles St.

Remarks,

18940002569

RETURN OF A BIRTH.

55795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 28 - 74

4. Place of Birth, (Street and Number)

813 N. Wolfe St

5. Full Name of Mother,

Elizabeth E. Bertermann

6. Mother's Maiden Name,

" Johnson

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Frank E. Bertermann

9. Father's Occupation,

Baker

10. Father's Birthplace,

Friedenick Md

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary B. Russell,

Address,

1438 N Bond St

Remarks,

+ 8 9 4 0 0 0 2 5 7 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Female

Color

April 28th 1894

324 Leaver St

Caroline Sampson

Caroline Holmes

St Marys Co Md

Samuel G Sampson

Labor

Baltimore Md

Mrs Charlotte Williams

910 Leaden - Hall St

8940002571

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 28, 1874.

4. Place of Birth, (Street and Number)

3090 Cedar ave.

5. Full Name of Mother,

Agnes Estelle Pettit.

6. Mother's Maiden Name,

Lewis.

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

James W. Pettit.

9. Father's Occupation

Railroader.

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other person who makes this Return,

Chas. H. Mitchell M.D.

Address,

291 Chestnut ave.

Remarks,

0940002572

RETURN OF A BIRTH.

55798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 28, 1894.

4. Place of Birth, (Street and Number) 1806 Eastern av.

5. Full Name of Mother, Emmie Eliza Waters.

6. Mother's Maiden Name, Hynson

7. Mother's Birthplace, Ind.

8. Full Name of Father, Samuel Rasmus Waters.

9. Father's Occupation, Rigger.

10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut av.

Remarks, ---

8940002573

RETURN OF A BIRTH. 53-799 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 28, 1894*
 4. Place of Birth, (Street and Number) *1872 Cedar av.*
 5. Full Name of Mother, *Margdalena Sumpers*
 6. Mother's Maiden Name, *Holkart*
 7. Mother's Birthplace, *Md.*
 8. Full Name of Father, *Richard Lewis Sumpers*
 9. Father's Occupation, *Railroader*
 10. Father's Birthplace, *Md.*
 Name of Medical Attendant, or other person who makes this return, *Chas. H. Mitchell M.D.*
 Address, *291 Chestnut av.*
 Remarks,

8940002574

RETURN OF A BIRTH.

55800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

2. Sex, (state whether male or female) *Female*

3. Race or Color, (if not of the white race)

4. Date of Birth, *April 28th 1914*

5. Place of Birth, (Street and Number) *202 North Enoch St.*

6. Full Name of Mother, *Mary E. Boardman*

7. Mother's Maiden Name, *Mary E. Lottwell*

8. Mother's Birthplace, *Memphis, Tenn.*

9. Full Name of Father, *Stephen E. Boardman*

10. Father's Occupation, *Merchant*

11. Father's Birthplace, *Greenland, N.H.*

Name of Medical Attendant, or other person who makes this Return, *John J. Wagner, M.D.*

Address, *62 W. Lexington St.*

Remarks, *Signature of Dr. J. J. Wagner*

1 0 9 4 0 0 0 2 5 7 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

53801

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

6
Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 28th 1894

4. Place of Birth, (Street and Number)

Baltimore City # 1112 Ridge St.

5. Full Name of Mother,

Ellen P.

Connolly

6. Mother's Maiden Name,

Ellen P.

Keating

7. Mother's Birthplace,

Ireland Baltimore Cal

8. Full Name of Father,

Thomas

Connolly

9. Father's Occupation,

Police

officer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other person who makes this Return.

Mrs Barge

Address,

511 N. Cross St

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the time herein provided, and if he or she fails to do so, he or she shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 44

1. Sex, (state whether male or female) Female Albertina

2. Race or Color, (if not of the white race)

3. Date of Birth, 28 day of April 1894

4. Place of Birth, (Street and Number) 1712 Theobald Place

5. Full Name of Mother, Emma Manner

6. Mother's Maiden Name, Emma Mlelehier

7. Mother's Birthplace, Solingen Prussia Germany

8. Full Name of Father, Albert Manner

9. Father's Occupation Shoemaker

10. Father's Birthplace, Erfurt Saxony Germany

Name of Medical Attendant, or other person who makes this Return, Lina Müller-Michniß

Address, 1600 Halbrook St City

Remarks,

18940002577

RETURN OF A BIRTH. 55803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 28 / 94

4. Place of Birth, (Street and Number)

#620 S. Charles Street Balt.

5. Full Name of Mother,

Mollie T. Gier

6. Mother's Maiden Name,

Mollie Scholer

7. Mother's Birthplace,

German Country

8. Full Name of Father,

Joseph T. Gier

9. Father's Occupation

Driver

10. Father's Birthplace,

German Country

Name of Medical Attendant, or other person who makes this Return.

Mrs. Lina Barber

Address,

144 E. York Street Balt.

Remarks,

18940002578

offense upon the mother, immediately thereafter, if still become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and if such person or parents fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons are liable to the consequences of Health, in the manner and within the period above required, and any failure to comply with the provisions of this section will be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return,

Address,

Remarks,

Male

White

28th April 94

6. Becks Lane

Gilow Canon

Gilow Mahone

Voland

John J. Canon

Canon

Be Lane

Friederike Heuler Melnige
2116 West Pratt St

18940002579

RETURN OF A BIRTH. 55-805- To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, and to file a return thereon, within the period above required, and to pay the fee thereon, and to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) _____ male
2. Race or Color, (if not of the white race) _____ Colored
3. Date of Birth, _____ April 25th 1894
4. Place of Birth, (Street and Number) _____ Baltimore 722 Courtney Street
5. Full Name of Mother, _____ Julia Brown
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____ William Brown
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, _____ 722 Courtney Street
- Remarks, _____

1 8 9 4 0 0 0 2 5 8 0

to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55-206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henore Pattison Edwards St
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29-1894
4. Place of Birth, (Street and Number) 1418 Linden Ave
5. Full Name of Mother, Henrie H. Edwards
6. Mother's Maiden Name, Skinner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Morton B. Edwards
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Theodore Cooke Wood
Address, 914 St. Charles St.
Remarks, _____

18940002581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55807

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 29 March

4. Place of Birth, (Street and Number) 1046 Cent. St.

5. Full Name of Mother, Lizzie Peters

6. Mother's Maiden Name, Huber

7. Mother's Birthplace, Ball.

8. Full Name of Father, Nicolas Peters

9. Father's Occupation, Taylor

10. Father's Birthplace, Ball.

Name of Medical Attendant, or other person who makes this Return, Anne Walker

Address, 928 N. Cent. St.

Remarks,

8940002582

any person who, in violation of the provisions of this section, shall be guilty of a misdemeanor, and shall be liable to a fine of not more than ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55-808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 29 1894

4. Place of Birth, (Street and Number) 2225 Foster Ave

5. Full Name of Mother, Elizabeth Sherman

6. Mother's Maiden Name, Elizabeth Sherman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Sherman

9. Father's Occupation, Station Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. E. Sherman

Address, 1225 Foster St.

Remarks,

1 8 9 4 0 0 0 2 5 8 3

RETURN OF A BIRTH. 53809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person who, within the period above required, and who, after the expiration of such period, shall become the duty of the person or persons, or such child to report its birth to the Commissioner of Health, or any such person or persons a fine of ten dollars for each offense, to be recovered as other laws and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
 1. Sex, (state whether male or female) *Male.*
 2. Race or Color, (if not of the white race) *White.*
 3. Date of Birth, *April 29, 1894.*
 4. Place of Birth, (Street and Number) *No. 1634 Annapolis St.*
 5. Full Name of Mother, *Rose Krieger.*
 6. Mother's Maiden Name, *Rose Kidd.*
 7. Mother's Birthplace, *Baltimore.*
 8. Full Name of Father, *Chas. Krieger.*
 9. Father's Occupation, *Brass Foundry.*
 10. Father's Birthplace, *Baltimore.*
 Name of Medical Attendant, or other person who makes this Return, *Wm. H. Cluett, M.D.*
 Address, *1741 Harford Ave.*
 Remarks, ..

8940002584

any person who neglects to report the birth of a child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 55810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 29 day of Birth Apr.
4. Place of Birth, (Street and Number) 10 W Bonoway
5. Full Name of Mother, Mary Huger
6. Mother's Maiden Name, Mary Sullivan
7. Mother's Birthplace, I B Baltimore
8. Full Name of Father, Leonard Huger
9. Father's Occupation, White Washer
10. Father's Birthplace, I B Baltimore

Name of Medical Attendant, or other person who makes this return, Mary Maker

Address, 11 W York St

Remarks, M. White

1 8 9 4 0 0 0 2 5 8 5

RETURN OF A BIRTH. 55811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

to report his wife to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be convicted of this offence, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940002586

RETURN OF A BIRTH. 55812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Walker 3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

April 29 - 1894

4. Place of Birth, (Street and Number)

1605 7th. Cross

5. Full Name of Mother,

Annie A. Walker

6. Mother's Maiden Name,

" " Urspruck

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Albert H. Walker

9. Father's Occupation,

Labour

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 2 5 8 7

any person who fails to file a return as required by this act, or who files a false return, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55-813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter be found to have failed to do so, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 29/94

4. Place of Birth, (Street and Number) 8 N. Wolfe str.

5. Full Name of Mother, Rosa Weigel

6. Mother's Maiden Name, " Schaefflein

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles Weigel

9. Father's Occupation, Shoemaker

Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs. Leisenhofer

Remarks, 2225 Gough str

18940002588

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
person or persons who shall hereafter fail to comply with the provisions of this act shall be sub-
jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

April 27/94

4. Place of Birth, (Street and Number)

17 27 N. Caroline

5. Full Name of Mother,

Ann M. Webster

6. Mother's Maiden Name,

" " Brooks

7. Mother's Birthplace,

B.C.

8. Full Name of Father,

Frank H. Webster

9. Father's Occupation

Bookkeeper

10. Father's Birthplace,

B.C.

Name of Medical Attendant, or other person who makes this Return,

Dr. J. M. Weston

Address,

Six N. Broadway.

Remarks,

1 8 9 4 0 0 0 2 5 8 9

RETURN OF A BIRTH. 55813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 28

4. Place of Birth, (Street and Number) 1711 East Front Avenue

5. Full Name of Mother, Annie A Morgan

6. Mother's Maiden Name, Mee Simon

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Mitchell S Morgan

9. Father's Occupation, Watchman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Coittle

Address, 1619 Cuba St

Remarks, Balt

8940002590

any such Person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person who neglects to report the birth of a child to the Registrar of Vital Statistics, or who reports the birth of a child to the Registrar of Vital Statistics, and who fails to pay such fee, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April the 29-18-94

4. Place of Birth, (Street and Number) Living Place 14-10

5. Full Name of Mother, Emmeline Rapp

6. Mother's Maiden Name, Emmeline Rapp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Emmeline Rapp

9. Father's Occupation, Paper hanger

10. Father's Birthplace, Fredrick C. C. M. D.

Name of Medical Attendant, or other person who makes this Return, Mr. J. S. Kelley

Address, No 19-22 Mulholland St.

Remarks, _____

1 8 9 4 0 0 0 2 5 9 1

RETURN OF A BIRTH. 53817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April the 29,

4. Place of Birth, (Street and Number) #1529 & 1531 Nicholson St. Mount Point Baltimore

5. Full Name of Mother, Mary A. Ellerbrock,

6. Mother's Maiden Name, " " Handel,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph F. Ellerbrock

9. Father's Occupation, Restaurant Keeper

10. Father's Birthplace, Richmond, Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. Little

Address, 1619 Cuba St.

Remarks, Birth

8940002592

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

55818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Franklyn Smallwood Thompson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 29, 1914

4. Place of Birth, (Street and Number)

139 W. Cross St.

5. Full Name of Mother,

Louisa Sneeze

6. Mother's Maiden Name,

Louisa Thompson

7. Mother's Birthplace,

Ohio

8. Full Name of Father,

Frank Thompson

9. Father's Occupation

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

C. L. Boddenthorpe

Address,

418 S. Dora St.

Remarks,

18940002593

RETURN OF A BIRTH. *55819*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Lewis Nicholson 2nd
 No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 29/94*
 4. Place of Birth, (Street and Number) *2875 Penna av*
 5. Full Name of Mother, *Mary Nicholson*
 6. Mother's Maiden Name, *Mary Garrett*
 7. Mother's Birthplace, *Philadelphia*
 8. Full Name of Father, *Wm Lee Nicholson*
 9. Father's Occupation, *Butcher*
 10. Father's Birthplace, *Balto*
 Name of Medical Attendant, or other person who makes this Return, *A C. Pole*
 Address, *2038 Main st*
 Remarks,

8 9 4 0 0 0 2 5 9 4

RETURN OF A BIRTH. 55820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

2. Sex, (state whether male or female)...

Male

3. Race or Color, (if not of the white race)...

White

4. Date of Birth,

April 29

5. Place of Birth, (Street and Number)...

720 Columbia Ave

6. Full Name of Mother,

Mary Lamm

7. Mother's Maiden Name,

Koch

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Frank Baker (John Damm)

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs Bangs

Address,

711 N. Cross St

Remarks,

1 8 9 4 0 0 0 2 5 9 5

GIVEN NAME ADDED 10-16-57
 RETURN OF A BIRTH.

55821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Lena Caroline Franz

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

4. Date of Birth,

April 29 - 1894

5. Place of Birth, (Street and Number)

1412 Gough St.

6. Full Name of Mother,

Katherine Franz

7. Mother's Maiden Name,

Pinkenscher

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Martin Franz

10. Father's Occupation

Baker

11. Father's Birthplace,

Germany

Name of Medical Attendant,

or other person who makes this Return

Address

1427 E. Pratt St. Mary Stein

Remarks,

18940002596

RETURN OF A BIRTH. 53822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____ April 29, 1894
4. Place of Birth, (Street and Number) _____ Arlington Ave. Springfield
5. Full Name of Mother, _____ Christine H. Friedrich
6. Mother's Maiden Name, _____ Christine H. Lay
7. Mother's Birthplace, _____ Germany
8. Full Name of Father, _____ Arrian Friedrich
9. Father's Occupation _____ Printer
10. Father's Birthplace, _____ Germany

Name of Medical Attendant, or other person who makes this Return, H. L. Leavelle M.D.

Name of Medical Attendant, makes this Return, *Baltimore*
Address, *115 N. Bond St.*

Remarks,

8 9 4 0 0 0 2 5 9 7

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 29/1894

4. Place of Birth, (Street and Number) #508 N Gay str

5. Full Name of Mother, Rosse Miller

6. Mother's Maiden Name, Rosse Corp

7. Mother's Birthplace, Cawkresin Perse

8. Full Name of Father, Louis M. Miller

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Cawkresin Perse

Name of Medical Attendant, or other person who makes this Return, Dr. J. W. Lubchansky

Address, 22 N Exeter St city

Remarks,

1 8 9 4 0 0 0 2 5 9 8

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period and under the penalties prescribed in this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 98-

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 29th 94.

4. Place of Birth, (Street and Number) 918 Rowan St.

5. Full Name of Mother, Bridget Costain

6. Mother's Maiden Name, Bridget Martin

7. Mother's Birthplace, Chicago Ill.

8. Full Name of Father, Michael Costain

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Henry C. O'Leary, M.D.

Address, 1203 W. Fayette St.

Remarks,

1 8 9 4 0 0 0 2 5 9 9

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *April 29 - 1894*
4. Place of Birth, (Street and Number) *1401 Eastern Ave.*
5. Full Name of Mother, *Marshall*
6. Mother's Maiden Name, *Bromley*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Charles Frederick Marshall*
9. Father's Occupation, *Saloon Keeper*
10. Father's Birthplace, *Maryland*
Name of Medical Attendant, or other person who makes this Return, *Mary Stein*
Address, *1427 E. Pratt St.*
Remarks,

18940002600

RETURN OF A BIRTH 55826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health. In the event of failure to do so, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr. 29th 1894

4. Place of Birth, (Street and Number)

1010 N. Fulton Ave

5. Full Name of Mother,

Lizzie W. Jett

6. Mother's Maiden Name,

Lizzie W. Bangs

7. Mother's Birthplace,

Wilmington Del.

8. Full Name of Father,

Jos. W. Jett

9. Father's Occupation,

Fire Insurer agt

10. Father's Birthplace,

Va.

Name of Medical Attendant, or other person who makes this Return.

S. W. Slater M.D.

Address,

Remarks,

89 46 304 26 Bay st.

RETURN OF A BIRTH. 55-827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

F

1. Sex, (state whether male or female)

White Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Apr 29 94

4. Place of Birth, (Street and Number)

The Spring in Hospital 622 W Lombard St
Katie Vorghk

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other person who makes the Return

Address,

The Spring in Hospital 622 W Lombard St

Remarks,

1 8 9 4 0 0 0 2 6 0 2

RETURN OF A BIRTH. 53828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who fail to report, or who report in the manner and within the period above required, and who are convicted of such offense, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. April 30 1892

4. Place of Birth, (Street and Number) 2028 Madison St

5. Full Name of Mother, Anna Morley

6. Mother's Maiden Name, Anna Watkins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Dr. Morley

9. Father's Occupation, Farmer

Father's Birthplace, Balt Co

Name of Medical Attendant, or other person who makes this Return, A. C. Cole

Address, 203 P. Madison St

Remarks,

8940002603

55829

any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

64

Therese

White

April 30. 1894

916. Frederick Roe

Mrs. Sophie E. Schlosser

Winnipeg, 10th Feb

Barto. Med

Charles N. Schlosser

Merchant

La Rb me,

John C. Kewenow.

1734 Linden Ave

8 9 4 0 3 0 2 6 0 4

RETURN OF A BIRTH. 55830 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) 2d White Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 9, 1894

4. Place of Birth, (Street and Number) 202 W. Windsor St.

5. Full Name of Mother, Alice Jackaps

6. Mother's Maiden Name, Alice Burk.

7. Mother's Birthplace, Balti.

8. Full Name of Father, Albert Jackaps.

9. Father's Occupation, Salvager

10. Father's Birthplace, Balti.

Name of Medical Attendant, or other person who makes this Return, M. R. Caskey

Address, 213 E. North St.

Remarks, Living Well.

894000260

RETURN OF A BIRTH.

53832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 30th 1894
 4. Place of Birth, (Street and Number) 426 E. Lenville st.
 5. Full Name of Mother, Mary Peters
 6. Mother's Maiden Name, " Witzelberger
 7. Mother's Birthplace, Baltimore City
 8. Full Name of Father, Michael Peters
 9. Father's Occupation, Salesman
 10. Father's Birthplace, Baltimore City
 - Name of Medical Attendant, E. B. Fenby, M. D.
or other person who makes this Return,
 - Address, 1219 N. Caroline st.
 - Remarks, _____

8 9 4 0 0 0 2 6 0 6

RETURN OF A BIRTH. 53833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

April 30 - 1894

4. Place of Birth, (Street and Number).....

404 S. Waller St.

5. Full Name of Mother,.....

Mary Reichter

6. Mother's Maiden Name,.....

Weener

7. Mother's Birthplace,.....

Baltimore

8. Full Name of Father,.....

Joseph Reichter

9. Father's Occupation,.....

Laborer

10. Father's Birthplace,.....

Baltimore

Name of Medical Attendant, or other person who makes this Return,.....

Mary Stein

Address,.....

1427 E. Pratt St.

Remarks,.....

6940002607

RETURN OF A BIRTH.

55834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Ferdinand William Walkemeyer*
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *April 30 94*
 4. Place of Birth, (Street and Number) *1707 Federal St*
 5. Full Name of Mother, *Aurine Walkemeyer*
 6. Mother's Maiden Name, *Pickel*
 7. Mother's Birthplace, *Balto City*
 8. Full Name of Father, *John Walkemeyer*
 9. Father's Occupation, *Tailor*
 10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return, *John E. Pickel M.D.*
 Address, *1312 Ashland Ave.*
 Remarks,

8 9 4 0 0 0 2 6 0 8

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. April 30th

4. Place of Birth, (Street and Number) Tremont St 1528

5. Full Name of Mother, Emma Melville

6. Mother's Maiden Name, Emma Clark

7. Mother's Birthplace, Connecticut

8. Full Name of Father, Harry Melville

9. Father's Occupation, Painter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Dancy

Address, 1809 Larman St

Remarks, _____

8 9 4 0 0 0 2 6 0 9

RETURN OF A BIRTH. 55836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

3rd
Male

30th April 1894

622. N. Fulton av.

Catharine Lloyd
Ellen

St Marys Co. Md

Claude Lloyd

Salesman

St Marys Co Md

J. W. Webster

403 Hazard St Balto.

8940002610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

11. Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, _____

8940002611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55-838

of Child of Mother, (state whether 1st, 2d, 3d, &c.).
 1. Sex, (state whether male or female).
 2. Race or Color, (if not of the white race).
 3. Date of Birth.
 4. Place of Birth, (Street and Number).
 5. Full Name of Mother.
 6. Mother's Maiden Name.
 7. Mother's Birthplace.
 8. Full Name of Father.
 9. Father's Occupation.
 Father's Birthplace.
 Name of Medical Attendant, or other person who makes this Return.
 Address.
 Remarks.

3th Child

Male

White

30c April 1894

Garth Ave 1477

Luigi Luncker

Luigi Luncker

Germany

Joseph Luncker

Idaho

Germany

Luigi Luncker

Fort Ave 1708

or other person who makes this Return.

18940002612

RETURN OF A BIRTH.

53839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 30, 1894.
4. Place of Birth, (Street and Number) 438 Hickory ave.
5. Full Name of Mother, Sarah Elizabeth Linnons.
6. Mother's Maiden Name, Kayr.
7. Mother's Birthplace, Pa.
8. Full Name of Father, James Thomas Linnons.
9. Father's Occupation, Labour.
- Father's Birthplace, Pa.
- Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell, M.D.
- Address, 291 Chestnut ave.
- Remarks,

8 9 4 0 0 0 2 6 1 3

RETURN OF A BIRTH.

53-840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

For every child born in Baltimore City, the parents or other persons who are responsible for the child, shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race). *White*

3. Date of Birth. *Apr. 30*

4. Place of Birth. (Street and Number). *113 W Lombard St.*

5. Full Name of Mother. *Sizzie Sencer*

6. Mother's Maiden Name. *Van*

7. Mother's Birthplace. _____

8. Full Name of Father. _____

9. Father's Occupation. _____

10. Father's Birthplace. _____

Name of Medical Attendant, or other person who makes this Return. *C. S. Kuer*

Address. *115 W Lombard St.*

Remarks. _____

8940002614

RETURN OF A BIRTH. 55841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 30

4. Place of Birth, (Street and Number) 1405 Columbia Avenue

5. Full Name of Mother, Lela Houck

6. Mother's Maiden Name, {

7. Mother's Birthplace, {

8. Full Name of Father, {

9. Father's Occupation, {

10. Father's Birthplace, {

Name of Medical Attendant, or other person who makes this Return, Harry G. Miller, U.S. Surgeon

Address, The City Hospital 622 W. Lombard St.

Remarks,

18940002615

penalty of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child
 2. Sex, (state whether male or female) Boy
 3. Race or Color, (if not of the white race) White Race
 4. Date of Birth, Born April 31st 1894
 5. Place of Birth, (Street and Number) # 1. Lehman Str
 6. Full Name of Mother, Mrs. Magdalena. Herman
 7. Mother's Maiden Name, Miss. " Herrman
 8. Mother's Birthplace, Balto City
 9. Full Name of Father, John. Herman
 10. Father's Occupation, Porter
 11. Father's Birthplace, Balto City
 Name of Medical Attendant, or other person who makes this Return, Mrs Miller
 Address, # 2127 W. Pratt Str
 Remarks,

8 9 4 0 0 0 2 6 1 6

RETURN OF A BIRTH. 55843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 31st

4. Place of Birth, (Street and Number) Thayer St. 1524

5. Full Name of Mother, Mary Shwartz

6. Mother's Maiden Name, " Bodonska

7. Mother's Birthplace, Poland

8. Full Name of Father, Lawrence Schwartz

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kozka

Address, 602 Bond St.

Remarks,

18940002617

Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53-844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any sick person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 31st

4. Place of Birth, (Street and Number) Conchester St. 1602

5. Full Name of Mother, Francis Kilbrowska

6. Mother's Maiden Name, Goshinski

7. Mother's Birthplace, Poland

8. Full Name of Father, John Kilbrowska

9. Father's Occupation, Labourer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kozka

Address, 602 Bond St.

Remarks, _____

8940002618

RETURN OF A BIRTH. 55845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child
 2. Sex, (state whether male or female) Boy
 3. Race or Color, (if not of the white race) White Race
 4. Date of Birth, Born April 31st 1894
 5. Place of Birth, (Street and Number) # 1916. Lemon Str
 6. Full Name of Mother, Mrs. Henrietta Stocker
 7. Mother's Maiden Name, Miss. Rutzig
 8. Mother's Birthplace, West Prussia, Germany
 9. Full Name of Father, Jacob. Stocker
 10. Father's Occupation, Baker
 11. Father's Birthplace, West Prussia, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller
 Address, # 2127 W. Pratt Str
 Remarks,

8 9 4 0 0 0 2 6 1 9

RETURN OF A BIRTH.

55846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Elsie J.*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *April 1st 1894*

4. Place of Birth, (Street and Number) *W. 122 W. Pratt St.*

5. Full Name of Mother, *Augusta Mary's*

6. Mother's Maiden Name, *Refdler*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Mathie Wacy's*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *Clunie Lindner*

Address, *1106 S. Howard St.*

Remarks, _____

1 8 9 4 0 0 0 2 6 2 0

Secded to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55-847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

April 11, 1894

4. Place of Birth, (Street and Number)

320 29th St.

5. Full Name of Mother

Mrs. Elizabeth M. Hall

6. Mother's Maiden Name

Williams

7. Mother's Birthplace

Ind.

8. Full Name of Father

Daniel M. Hall

9. Father's Occupation

Engine Hauler

10. Father's Birthplace

Ind.

Name of Medical Attendant, or other person who makes this Return

Chas. H. Mitchell M.D.

Address

296 Chestnut Ave.

Remarks

8940002621

RETURN OF A BIRTH. 55848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
 1. Sex, (state whether male or female). Female
 2. Race or Color, (if not of the white race).
 3. Date of Birth, April 1st 1894
 4. Place of Birth, (Street and Number) 1634 Hayford Ave.
 5. Full Name of Mother, Mary Mc Grane
 6. Mother's Maiden Name, Mary Holmes
 7. Mother's Birthplace, Baltimore, Md.
 8. Full Name of Father, William Mc Grane
 9. Father's Occupation, Collector for Ches. & Pot Telephone Co.
☒ Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, or other person who makes this Return,
 Address,
 Remarks,

8 9 4 0 0 0 2 6 2 2

RETURN OF A BIRTH. 55849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2 of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st April 1894

4. Place of Birth, (Street and Number) 1229 Eastern ave

5. Full Name of Mother, Mathilda Landin

6. Mother's Maiden Name, Mathilda Hansson

7. Mother's Birthplace, Sweden

8. Full Name of Father, Carl Johan Landin

9. Father's Occupation, Machinist

10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 So Washington St

Remarks,

8 9 4 0 0 0 2 6 2 3

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

18th Birth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

April 1st 94

4. Place of Birth, (Street and Number)

1444 Canal St

5. Full Name of Mother,

Rebecca Winters

6. Mother's Maiden Name,

Not known

7. Mother's Birthplace,

IL

"

8. Full Name of Father,

IL

"

9. Father's Occupation

"

"

10. Father's Birthplace,

"

"

Name of Medical Attendant, or other person who made this Return.

Harry G. G. M.D. Resident P.

Address,

622 W Lombard St. Mc Ginn Hospital

Remarks,

18940002624

jected in the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

Caucas

3. Date of Birth,

April 1 94

4. Place of Birth, (Street and Number)

824 Vincent St

5. Full Name of Mother,

Laura Gross

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harry K. Arthur M.D.

Address,

622 W. Lombard St. Free Lying Hospital

Remarks.

18940002625

RETURN OF A BIRTH. 53853 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 2nd 1894*
4. Place of Birth, (Street and Number) *1315 Jefferson St*
5. Full Name of Mother, *Gertrude Karpfkin*
6. Mother's Maiden Name, *Kasselman*
7. Mother's Birthplace, *Balto., Md.*
8. Full Name of Father, *John Karpfkin*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Francis A. Sauer M.D.*
- Address, *439 N. Central Ave.*
- Remarks,

8 4 4 0 0 0 2 6 2 6

RETURN OF A BIRTH. 5583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 2^d*
4. Place of Birth, (Street and Number) *856 N. Pratt St.*
5. Full Name of Mother, *Catharine Helen Froom*
6. Mother's Maiden Name, *Bannahan*
7. Mother's Birthplace, *Balto Co. Md.*
8. Full Name of Father, *Wm. J. Froom*
9. Father's Occupation, *Shoulder*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *H. H. Kepner M.D.*
- Address, *723 N. Lombard St.*
- Remarks, *Natural Labor.*

8 4 4 0 0 0 2 6 2 7

RETURN OF A BIRTH. 57834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child's name: Maggie ~~Olivia~~ Arthurson also known
as Leah Arthurson

1. Sex, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8740002628

RETURN OF A BIRTH. 55833-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 2 6 2 9

RETURN OF A BIRTH. 55856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 2 1894
 4. Place of Birth, (Street and Number) 214 Falls Road Baltimore
 5. Full Name of Mother, Mary E. Steffery
 6. Mother's Maiden Name, Robinson
 7. Mother's Birthplace, Baltimore County
 8. Full Name of Father, Samuel E. Steffery
 9. Father's Occupation, Overseer in Cotton Mills
 10. Father's Birthplace, Carroll County Md
 Name of Medical Attendant, or other person who makes this Return, Elvetha E. King
 Address, 545 Hickory Ave Baltimore
 Remarks, 545 Hickory Ave Baltimore
 18940002630 Md

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics,
 Name of Child: Melvin Carroll Hargis
 (Indicate whether 1st, 2d, 3d, &c.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 2 6 3 1

any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

2nd April

4. Place of Birth, (Street and Number)

135 Lancaster Street

5. Full Name of Mother,

Anna Dunkel

6. Mother's Maiden Name,

Schaffran

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Max Dunkel

9. Father's Occupation

Labrer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Miss Dr. Siermann

Address,

135 Lancaster St.

Remarks,

1 8 9 4 0 0 0 2 6 3 2

RETURN OF A BIRTH. 55859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attest my hand and seal of office, this 1st day of April, 1919.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 2, 1919

4. Place of Birth, (Street and Number)

1919 South St.

5. Full Name of Mother,

Dorothy

Dorothy

6. Mother's Maiden Name,

"

Kaffenberger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Herbert Dorof

9. Father's Occupation,

Saloon-keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

C. L. Boddent

Address,

418

S. Paca St.

Remarks,

18940002633

child to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to a fine of ten (10) dollars for each offence, to be recovered in all the fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Apr. 2

4. Place of Birth, (Street and Number)

15 W Sonnsand St

5. Full Name of Mother,

Matilda Hones

6. Mother's Maiden Name,

Ma

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

O Snee

Name of Medical Attendant, or other person who makes this Return,

115 W Sonnsand

Address,

Remarks,

8 9 4 0 0 0 2 6 3 4

RETURN OF A BIRTH.

55-861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report the birth to the Commissioner of Health, in the manner and within the time provided, and any such person or persons who shall thereafter fail to do so shall be liable to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 3/94

4. Place of Birth, (Street and Number) 240 S. Register str.

5. Full Name of Mother, Elsa Meser

6. Mother's Maiden Name, " Meisner

7. Mother's Birthplace, Balto.

8. Full Name of Father, William Meser

9. Father's Occupation, Cutter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough str

Remarks, 1 8 9 4 0 0 0 2 6 3 5

RETURN OF A BIRTH. 58862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940002636

See back of card for lines and instructions are recoverable.

RETURN OF A BIRTH. ^{GIVEN NAME ADDED. 10-15-59} 55863
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 3d - 1894*
4. Place of Birth, (Street and Number) *No. 393 S. Remont Ave.,
Baltimore*
5. Full Name of Mother, *Barbara Gies*
6. Mother's Maiden Name, *Rosser*
7. Mother's Birthplace, *Balto. Ct.*
8. Full Name of Father, *John Gies*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Balto. Ct.*
Name of Medical Attendant, or other person who makes this Return, *Dr. J. L. Schickel*
Address, *221 Alameda Ave.*
Remarks,

RETURN OF A BIRTH. 53864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 3d 1884
4. Place of Birth, (Street and Number) 1412 Stocton st.
5. Full Name of Mother, Annie Snyder
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Snyder
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Abigaila Garrison
- Address, 1402 Bonnie St.
- Remarks, No

RETURN OF A BIRTH. 53865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 3-1894*

4. Place of Birth, (Street and Number) *304 E. Baltimore St.*

5. Full Name of Mother, *Beulah V. Durham*

6. Mother's Maiden Name, *Brannan*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Robert J. Durham*

9. Father's Occupation, *Restaurateur*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *John Keff M.D.*

Address, *701 St. Constan*

Remarks,

8 9 4 0 0 0 2 6 3 9

RETURN OF A BIRTH. 55866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Theresa Bruce

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 3rd 1894

4. Place of Birth, (Street and Number)

632 N. Carey St

5. Full Name of Mother,

Alice B. Bruce

6. Mother's Maiden Name,

Krotzer

7. Mother's Birthplace,

Hagerstown

8. Full Name of Father,

David Bruce Jr.

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

E. W. Lee M.D.

Address,

602 N. Carey St

Remarks,

Weight 4 1/2 lbs

8440002640

Printed to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Carl Harper

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Mar 3, 1894

4. Place of Birth, (Street and Number) 1732 N. Broadway

5. Full Name of Mother, May Morris

6. Mother's Maiden Name, Morris

7. Mother's Birthplace, Alexandria, Va.

8. Full Name of Father, Andrew Jackson Morris

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. G. Rust M. D.

Address, 2200 B. Baltimore St.

Remarks, Natural Delivery

18940002641

RETURN OF A BIRTH. 55868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Female Luisa
2. Race or Color, (if not of the white race)
3. Date of Birth, 3d day of April 1894
4. Place of Birth, (Street and Number) 1434 Richardson St. Saint Paul
5. Full Name of Mother, Alice Morgan
6. Mother's Maiden Name, Alice Thomas
7. Mother's Birthplace, Britton Perry Wales
8. Full Name of Father, William Morgan
9. Father's Occupation, Turnmaker
10. Father's Birthplace, Glamorgan near Swansea Wales
- Name of Medical Attendant, or other person who makes this Return, Lina Miller Michels
- Address, 1600 Holbrook St. City
- Remarks,

RETURN OF A BIRTH. 55869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female). *female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *9 April*
4. Place of Birth, (Street and Number) *1604 E Pratt St*
5. Full Name of Mother, *Minnie Hamburger*
6. Mother's Maiden Name, *Israel*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Samuel C. Hamburger*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other person who makes this Return, *Mrs B. Allen*
- Address, *1302 E Lexington St*
- Remarks, _____

1 8 9 4 0 0 0 2 6 4 3

RETURN OF A BIRTH.

55870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 3rd

4. Place of Birth, (Street and Number) 1001 Forest Place.

5. Full Name of Mother, Alice Arnold.

6. Mother's Maiden Name, Alice. Inst.

7. Mother's Birthplace, Carroll Co.

8. Full Name of Father, John W. Arnold.

9. Father's Occupation Carpenter & Builder

10. Father's Birthplace, Carroll Co.

Name of Medical Attendant, or other person who makes this Return, Mrs. Woodson

Address, _____

Remarks, _____

8 9 4 0 0 0 2 6 4 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 2 6 4 5

Persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 4/94
4. Place of Birth, (Street and Number) 1911 Mc Henry St.
5. Full Name of Mother, Jennie Florence Bohnest
6. Mother's Maiden Name, Moran
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. Bohnest
9. Father's Occupation, Brass Shoudder
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, H.W. Webber, M.D.
- Address, 723 W. Lombard St.
- Remarks, Natural Labor,

18940002646

RETURN OF A BIRTH ⁵⁸⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male 4th

2. Race or Color, (if not of the white race)

3. Date of Birth.

4th April 1897

4. Place of Birth, (Street and Number)

811 E Front Ave

5. Full Name of Mother.

Elinore McManis

6. Mother's Maiden Name.

Yewell

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Henry McManis

9. Father's Occupation.

Laborem

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Yewell

Address,

436 E Front Ave

Remarks.

18940602847

any of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period required, except in the cases of the birth of illegitimate children, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

55874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

3. Date of Birth,

4 April

4. Place of Birth, (Street and Number)

827 Howard st

5. Full Name of Mother,

Mary Linnai

6. Mother's Maiden Name,

McDillon

7. Mother's Birthplace,

Ball

8. Full Name of Father,

Charles Linnai

9. Father's Occupation

10. Father's Birthplace,

Ball

Name of Medical Attendant, or other person who makes this Return.

Anna Walker

Address,

Remarks,

8940002648

RETURN OF A BIRTH. 55875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 4/94

4. Place of Birth. (Street and Number) 208 N. Wolf str.

5. Full Name of Mother, Mary Schmitt

6. Mother's Maiden Name, " Lentz

7. Mother's Birthplace, Balto.

8. Full Name of Father, Geo. Schmitt

9. Father's Occupation, Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Schenhofer

Address, 2225 Gough str.

Remarks, 18940002649

RETURN OF A BIRTH. 55876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth,
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father,
 9. Father's Occupation
 10. Father's Birthplace,
 Name of Medical Attendant, or other person who makes this Return.
 Address.
 Remarks.

3d
 Male
 1st April 1894
 15-24 N. Wolfe St
 Sta. Jones
 " Hardisty
 Anna Annelle Co
 Edward Jones
 Bricklayer
 Balt
 Mrs Julia Greene
 1944 N. Bay St

8940002650

RETURN OF A BIRTH. 55877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940002651

child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be liable to a fine of not less than \$10 nor more than \$50, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth.

April 4, 1894.

4. Place of Birth, (Street and Number)

712 Church St.

5. Full Name of Mother.

Catherine Agnes Kilroy.

6. Mother's Maiden Name.

Mulkey.

7. Mother's Birthplace.

W. Va.

8. Full Name of Father.

Martin Lawrence Kilroy.

9. Father's Occupation

Coach Smith.

10. Father's Birthplace.

Ind.

Name of Medical Attendant, or other person who makes this Return.

Chas. H. Mitchell M.D.

Address,

291 Chestnut Ave.

Remarks,

18940002652

RETURN OF A BIRTH.

55879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie May Gladwin

6th

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Apr 4th 1894

4. Place of Birth, (Street and Number)

1415 E. Randaan St

5. Full Name of Mother,

William A Gladwin

6. Mother's Maiden Name,

Hurley

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Ray J Gladwin

9. Father's Occupation

Sailor

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return,

J. B. Burdett

Address,

571 Thum St

Remarks.

GIVEN NAME ADDED 5-14-53

18940002653

shall be reported to the Registrar of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

When the mother, immediately thereafter, it shall become the duty of the person or persons of such child to record the same in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14
4. Place of Birth, (Street and Number) 113 W Lombard St
5. Full Name of Mother, Katie Bolander
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Maryland
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, C. Shier
- Address, 113 W Lombard St
- Remarks, _____

1 8 9 4 0 0 0 2 6 5 4

55-894

RETURN OF A BIRTH.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number) *Ka*

5. ^{maiden} Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 2 6 5 6

[illegible]

RETURN OF A BIRTH. 55894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 7th 1894

4. Place of Birth, (Street and Number)

No. 1828 W. Baltimore St.

5. Full Name of Mother,

Annie S. Morrow

6. Mother's Maiden Name,

Montgomery

7. Mother's Birthplace,

Montgomery Co. Md.

8. Full Name of Father,

Harry P. Morrow

9. Father's Occupation,

Freightman B. & O. R. R. Co.

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Annie Lindner

Address,

No. 106 S. Howard St.

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55895 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each birth must be reported to the Registrar of Vital Statistics, Board of Health, in the form of this certificate, and the fee of one dollar for each certificate shall be paid by the person who reports the birth. The fee of one dollar for each certificate shall be paid by the person who reports the birth. The fee of one dollar for each certificate shall be paid by the person who reports the birth.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 April 1894

4. Place of Birth, (Street and Number) 1894 Lumber St

5. Full Name of Mother, Constantin Carlsson

6. Mother's Maiden Name, Christiana Jensen

7. Mother's Birthplace, Christiana Norway

8. Full Name of Father, Frans O. Carlsson

9. Father's Occupation, Painter

10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 304 St Washington St

Remarks, 8940002658

RETURN OF A BIRTH. 55896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, and such fine shall be recoverable by the City of Baltimore.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *35*
3. Date of Birth, *Apr 7th 1894*
4. Place of Birth, (Street and Number) *519 Fifth Ave. Hampden*
5. Full Name of Mother, *Annie E. Smith*
6. Mother's Maiden Name, *Annie E. Baker*
7. Mother's Birthplace, *Balt. Co. Md.*
8. Full Name of Father, *George P. Smith*
9. Father's Occupation, *Packing operative*
10. Father's Birthplace, *Carroll Co. Md.*
- Name of Medical Attendant, *Geo. T. Shower, M.D.* or other person who makes this Return.
- Address, *421 Roland Ave. Hampden.*
- Remarks, _____

18940002659

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr. 8, 1894

4. Place of Birth, (Street and Number) 115 W. Lombard St.

5. Full Name of Mother, Betsy Greenslein

6. Mother's Maiden Name, Poland

7. Mother's Birthplace, Poland

8. Full Name of Father, C. J. Neer

9. Father's Occupation, 115 W. Lombard

10. Father's Birthplace, 115 W. Lombard

Name of Medical Attendant, or other person who makes this Return, C. J. Neer

Address, 115 W. Lombard

Remarks, 18940002660

RETURN OF A BIRTH. 55898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Black

3. Date of Birth

Apr. 8th 94

4. Place of Birth, (Street and Number)

115 W Lombard St

5. Full Name of Mother

Rosa Dunn

6. Mother's Maiden Name

md

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

C. J. Neen

Address

115 W Lombard St

Remarks

1 8 9 4 0 0 0 2 6 6 1

RETURN OF A BIRTH. 55899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be liable to be fined or imprisoned, or both, at the discretion of the Court, for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, April 8th 1894
 4. Place of Birth, (Street and Number) Baltimore Md, 2219 W Lexington St
 5. Full Name of Mother, Mrs Fred Trust
 6. Mother's Maiden Name, Lavinia Hainsworth
 7. Mother's Birthplace, England
 8. Full Name of Father, Mrs Fred Trust
 9. Father's Occupation, Blacklayer
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Abner Lindner
 Address, 2106 S. Vinton St
 Remarks, _____

8940002662

RETURN OF A BIRTH. 53900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 8th

4. Place of Birth, (Street and Number)

904 Greenmount Ave

5. Full Name of Mother,

Eva Filbert

6. Mother's Maiden Name,

Eva Wagner

7. Mother's Birthplace,

Adams Co. Pa

8. Full Name of Father,

William Filbert

9. Father's Occupation

Greaser

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Mrs. Wooden

Address,

888 Greenmount Ave

Remarks,

8940002663

child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and the costs of the proceedings.

1. Sex, (state whether male or female).....

Girl

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

April 8/14

4. Place of Birth, (Street and Number).....

2313 Winterlings Court

5. Full Name of Mother,.....

Helena Weiner

6. Mother's Maiden Name,.....

Bittner

7. Mother's Birthplace,.....

Balto.

8. Full Name of Father,.....

Charles Weiner

9. Father's Occupation,.....

Laborer

10. Father's Birthplace,.....

Balto.

Name of Medical Attendant,.....

or other person who makes this Return.

Mrs. Deisenhofer

Address,.....

2225 Larch Str.

Remarks,.....

18940002664

55902

any person or persons who have been convicted of such offence, it be recovered as other fines and penalties are recoverable.

2 u

Female

3. *Date of Birth*,...

8th April 1894

330 E Hamburg St
Grace Hendricks

5. Full Name of Mother,

Jones

6. *Mother's Maiden Name,*

Baltimore

7. *Mother's Birthplace,*

Miles C Hendricks
Laborer

8. Full Name of Father,

Labenen

9. *Father's Occupation.*

Baltimore

19. *Father's Birthplace.*

Elizabeth Jewell

Name of Medical Attendant.

or other Person who
makes this Return

Address.

436 E Front Ave

Remarks, ...

~~18940002565~~

RETURN OF A BIRTH. 55-913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. ☒ a. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 9th 1894-
5. Place of Birth, (Street and Number) 407 W. Green St
6. Full Name of Mother, Rebecca Norris
7. Mother's Maiden Name, Rebecca Norris
8. Mother's Birthplace, Calonsville - Balto Co
9. Full Name of Father, Charles Steffy
10. Father's Occupation, Finer
11. Father's Birthplace, Baltimore Co Md.
12. Name of Medical Attendant, or other person who makes this Return, W. Ben. Hawkins
13. Address, 409 - W. Green St.
14. Remarks, These parties went under assumed names and after they had left Steffy's wife gave me their full names on May - 10th 1894.

RETURN OF A BIRTH. 55904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who are required to report the birth of a child to the Commissioner of Health, in the manner and within the time herein prescribed, shall be liable to a fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

1. Sex, (state whether 1st, 2d, 3d, &c.)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

10th April 1894

4. Place of Birth, (Street and Number)

2412 E. Biddle St

5. Full Name of Mother,

Catherine Kern

6. Mother's Maiden Name,

" C. G. G. G.

7. Mother's Birthplace,

Scotland

8. Full Name of Father,

James Kern

9. Father's Occupation,

Salmon

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

Mrs. Julia Groom

Address,

1094 N. B. St

Remarks,

8940002667

RETURN OF A BIRTH.

55-905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1st
1. Sex, (state whether male or female)... female
2. Race or Color, (if not of the white race)... white
3. Date of Birth... 10th April
4. Place of Birth, (Street and Number)... 1804. Pacinount st.
5. Full Name of Mother... Fanny Outman
6. Mother's Maiden Name... Fanny Knight.
7. Mother's Birthplace... Baltimore Md.
8. Full Name of Father... George B. Outman
9. Father's Occupation... Confectionary
10. Father's Birthplace... Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return... Mrs. D. High midwife
- Address... 1056 N. High St.
- Remarks...

8940002668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, April 5, 1894.

4. Place of Birth, (Street and Number) 103 Baldwin St.

5. Full Name of Mother, Sarah Elizabeth George.

6. Mother's Maiden Name, Hard.

7. Mother's Birthplace, Ind. I.

8. Full Name of Father, John P. George.

9. Father's Occupation, Railroader.

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. W. Mitchell M.D.

Address, 291 Chestnut Ave.

Remarks, 8940002669

GIVEN NAME ADDED. 9-20-57

RETURN OF A BIRTH. 53880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the date of delivery, duly signed by the practitioner in the presence of the Commissioner of Health, and the birth of any child shall occur without the attendance immediately thereafter, in the manner and to the effect above required, and any such person or persons who shall fail to comply with the provisions of this article shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 5, 1894

4. Place of Birth, (Street and Number) 1224 N. Calvert St

5. Full Name of Mother, Katy R. Slagle

6. Mother's Maiden Name, Lilly

7. Mother's Birthplace, Kentucky

8. Full Name of Father, David W. Slagle

9. Father's Occupation, Com. Mer.

10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return, G. Lane Toneyhill

Address, 1103 Madison Ave.

Remarks, Chloroform & instruments. Protracted labor. Posthumous. father died about 5 months previous.

18940002670

RETURN OF A BIRTH.

55906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th

1. Sex. (state whether male or female). Male

2. Race or Color. (if not of the white race) White

3. Date of Birth. Apr 10th

4. Place of Birth. (Street and Number) 1946 Pratt St

5. Full Name of Mother. Mrs. Annie Davis Scott

6. Mother's Maiden Name. "

7. Mother's Birthplace. Balto

8. Full Name of Father. Henry Scott

9. Father's Occupation. Line wren

10. Father's Birthplace. Balto

Name of Medical Attendant, or other person who makes this Return. J. S. Lewis

Address. Union Square

Remarks. 8940002671

THIS IS THE OFFICIAL COPY OF THIS BIRTH CERTIFICATE. IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, AND IS TO BE PRODUCED ON DEMAND.

RETURN OF A BIRTH.

55-907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 10, 1894

4. Place of Birth, (Street and Number)

4. Vincent's Inf. Asylum

5. Full Name of Mother,

Winifred Marion

6. Mother's Maiden Name,

Winifred Kelly

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Marion

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

D. P. Davis M.D.

Address,

603. Leray St.

Remarks,

8940002672

RETURN OF A BIRTH.

53918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 10 1894

4. Place of Birth, (Street and Number) 1739 Canton Ave.

5. Full Name of Mother, Louisa Lauterbach

6. Mother's Maiden Name, Weber

7. Mother's Birthplace, Balto. Germany

8. Full Name of Father, Henry Lauterbach

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Balto.

11. Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer

Address, 2225 Gough St.

Remarks, _____

18940002673

RETURN OF A BIRTH.

55909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Girl
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 10 1894
 4. Place of Birth, (Street and Number) 117 S. Register str.
 5. Full Name of Mother, Mary Buschman
 6. Mother's Maiden Name, Pierson
 7. Mother's Birthplace, Balto
 8. Full Name of Father, August Buschman
 9. Father's Occupation, Cigar maker
 10. Father's Birthplace, Balto
 Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer
 Address, 2225 Gough str.
 Remarks, 8940002674

RETURN OF A BIRTH.

55910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth

evening April 11th 1894

Place of Birth, (Street and Number)

1935 White St

Full Name of Mother

Mary Elizabeth Austin

Mother's Maiden Name

Mary Ellen Schroeder

Mother's Birthplace

Baltimore

Full Name of Father

Wm. F. Austin

Father's Occupation

Bricklayer

Father's Birthplace

Washington

Name of Medical Attendant, or other person who makes this Return

Mrs. Lindsay

Address

106 South Monroe

Remarks

8940002675

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55911 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.) *Sixth*
Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *April 11 91*

4. Place of Birth, (Street and Number) *1730 Carlyle Pl*

5. Full Name of Mother, *Honor J. Reiley*

6. Mother's Maiden Name, *" J. Staylor*

7. Mother's Birthplace, *Balta*

8. Full Name of Father, *Harry D. Reiley*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Balta*

Name of Medical Attendant, or other person who makes this Return, *Mrs Mary A. Allwell*

Address, *1438 N. Bond St*

Remarks, _____

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁷⁻¹³⁻⁵⁴ 55912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Schneider
of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 11th 94
4. Place of Birth, (Street and Number) 1819 - Carleton Ave.
5. Full Name of Mother, Lena Schneider
6. Mother's Maiden Name, Lena Färber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Schneider
9. Father's Occupation, cigar maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this return, Martin Lappe M.D. P.H.

Address, Berlin & Chester sts.

Remarks,

1 8 9 4 0 0 0 2 6 7 7

RETURN OF A BIRTH.

55913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 11, 1894

4. Place of Birth, (Street and Number) 455 Clarkson St

5. Full Name of Mother, Kate Gapp

6. Mother's Maiden Name, Kate Klein

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Gapp

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. R. Gasker

Address, 213 E. North St

Remarks, Spring St. Well

8 9 4 0 0 0 2 6 7 8

RETURN OF A BIRTH. 55914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 1, 18-94
 4. Place of Birth, (Street and Number) Sticker St. N 4-37
 5. Full Name of Mother, Emmet E. Kiser
 6. Mother's Maiden Name, Emma E. Wood
 7. Mother's Birthplace, Washington
 8. Full Name of Father, Joseph W. Kiser
 9. Father's Occupation, machinist
 10. Father's Birthplace, Washington
 Name of Medical Attendant, or other person who makes this Return, Mrs. S. Kelley
 Address, 119-22 Wilkins St.
 Remarks,

1 8 9 4 0 0 0 2 6 7 9

RETURN OF A BIRTH.

55915-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

9th
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Apr 11th 1894

4. Place of Birth, (Street and Number)

311 Girard Ave

5. Full Name of Mother

Jane Duvall

6. Mother's Maiden Name

Townsend

7. Mother's Birthplace

Md

8. Full Name of Father

Brice B. Duvall

9. Father's Occupation

Tracer

Father's Birthplace

Md

Name of Medical Attendant, or other person who makes this Return

W. H. Carter

Address

1800 W. Baltimore St

Remarks

1 8 9 4 0 0 0 2 6 8 0

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, April 11 - 94
 4. Place of Birth, (Street and Number) 633 Campbell St
 5. Full Name of Mother, Edw. Spickell
 6. Mother's Maiden Name, Edw. Sterling
 7. Mother's Birthplace, London, England
 8. Full Name of Father, Nathan Spickell
 9. Father's Occupation, Writer
 10. Father's Birthplace, Pa
 Name of Medical Attendant, or other person who makes this Return, Samuel Hatcher
 Address, 609 Campbell St
 Remarks, _____

18940002681

RETURN OF A BIRTH. 55917
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Child of Mother, (state whether 1st, 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211st, 212nd, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311st, 312nd, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411st, 412nd, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 442nd, 443rd, 444th, 445th, 446th, 447th, 448th, 449th, 450th, 451st, 452nd, 453rd, 454th, 455th, 456th, 457th, 458th, 459th, 460th, 461st, 462nd, 463rd, 464th, 465th, 466th, 467th, 468th, 469th, 470th, 471st, 472nd, 473rd, 474th, 475th, 476th, 477th, 478th, 479th, 480th, 481st, 482nd, 483rd, 484th, 485th, 486th, 487th, 488th, 489th, 490th, 491st, 492nd, 493rd, 494th, 495th, 496th, 497th, 498th, 499th, 500th, 501st, 502nd, 503rd, 504th, 505th, 506th, 507th, 508th, 509th, 510th, 511st, 512nd, 513th, 514th, 515th, 516th, 517th, 518th, 519th, 520th, 521st, 522nd, 523rd, 524th, 525th, 526th, 527th, 528th, 529th, 530th, 531st, 532nd, 533rd, 534th, 535th, 536th, 537th, 538th, 539th, 540th, 541st, 542nd, 543rd, 544th, 545th, 546th, 547th, 548th, 549th, 550th, 551st, 552nd, 553rd, 554th, 555th, 556th, 557th, 558th, 559th, 560th, 561st, 562nd, 563rd, 564th, 565th, 566th, 567th, 568th, 569th, 570th, 571st, 572nd, 573rd, 574th, 575th, 576th, 577th, 578th, 579th, 580th, 581st, 582nd, 583rd, 584th, 585th, 586th, 587th, 588th, 589th, 590th, 591st, 592nd, 593rd, 594th, 595th, 596th, 597th, 598th, 599th, 600th, 601st, 602nd, 603rd, 604th, 605th, 606th, 607th, 608th, 609th, 610th, 611st, 612nd, 613th, 614th, 615th, 616th, 617th, 618th, 619th, 620th, 621st, 622nd, 623rd, 624th, 625th, 626th, 627th, 628th, 629th, 630th, 631st, 632nd, 633rd, 634th, 635th, 636th, 637th, 638th, 639th, 640th, 641st, 642nd, 643rd, 644th, 645th, 646th, 647th, 648th, 649th, 650th, 651st, 652nd, 653rd, 654th, 655th, 656th, 657th, 658th, 659th, 660th, 661st, 662nd, 663rd, 664th, 665th, 666th, 667th, 668th, 669th, 670th, 671st, 672nd, 673rd, 674th, 675th, 676th, 677th, 678th, 679th, 680th, 681st, 682nd, 683rd, 684th, 685th, 686th, 687th, 688th, 689th, 690th, 691st, 692nd, 693rd, 694th

RETURN OF A BIRTH. 557
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Child of Mother, (state whether 1st, 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211th, 212th, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311th, 312th, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411th, 412th, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 442nd, 443rd, 444th, 445th, 446th, 447th, 448th, 449th, 450th, 451st, 452nd, 453rd, 454th, 455th, 456th, 457th, 458th, 459th, 460th, 461st, 462nd, 463rd, 464th, 465th, 466th, 467th, 468th, 469th, 470th, 471st, 472nd, 473rd, 474th, 475th, 476th, 477th, 478th, 479th, 480th, 481st, 482nd, 483rd, 484th, 485th, 486th, 487th, 488th, 489th, 490th, 491st, 492nd, 493rd, 494th, 495th, 496th, 497th, 498th, 499th, 500th, 501st, 502nd, 503rd, 504th, 505th, 506th, 507th, 508th, 509th, 510th, 511th, 512th, 513th, 514th, 515th, 516th, 517th, 518th, 519th, 520th, 521st, 522nd, 523rd, 524th, 525th, 526th, 527th, 528th, 529th, 530th, 531st, 532nd, 533rd, 534th, 535th, 536th, 537th, 538th, 539th, 540th, 541st, 542nd, 543rd, 544th, 545th, 546th, 547th, 548th, 549th, 550th, 551st, 552nd, 553rd, 554th, 555th, 556th, 557th, 558th, 559th, 560th, 561st, 562nd, 563rd, 564th, 565th, 566th, 567th, 568th, 569th, 570th, 571st, 572nd, 573rd, 574th, 575th, 576th, 577th, 578th, 579th, 580th, 581st, 582nd, 583rd, 584th, 585th, 586th, 587th, 588th, 589th, 590th, 591st, 592nd, 593rd, 594th, 595th, 596th, 597th, 598th, 599th, 600th, 601st, 602nd, 603rd, 604th, 605th, 606th, 607th, 608th, 609th, 610th, 611th, 612th, 613th, 614th, 615th, 616th, 617th, 618th, 619th, 620th, 621st, 622nd, 623rd, 624th, 625th, 626th, 627th, 628th, 629th, 630th, 631st, 632nd, 633rd, 634th, 635th, 636th, 637th, 638th, 639th, 640th, 641st, 642nd, 643rd, 644th, 645th, 646th, 647th, 648th, 649th, 650th, 651st, 652nd, 653rd, 654th, 655th, 656th, 657th, 658th, 659th, 660th, 661st, 662nd, 663rd, 664th, 665th, 666th, 667th, 668th, 669th, 670th, 671st, 672nd, 673rd, 674th, 675th, 676th, 677th, 678th, 679th, 680th, 681st, 682nd, 683rd, 684th, 685th, 686th, 687th, 688th, 689th, 690th, 691st, 692nd, 693rd, 694th,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *inf child*

2. Race or Color, (if not of the white race) Male child

3. Date of Birth, April 12/19 White

4. Place of Birth, (Street and Number) 1409 Gough St

5. Full Name of Mother, Mary C. Larkins
6. Mother's Maiden Name, H

7. Mother's Birthplace, B. Harris

8. Full Name of Father, W. B. Alto Ind.

9. Father's Occupation, Gas A. Larkins

Father's Birthplace, Benjamine

Name of Medical Attendant *New York*

Address, 439 N. Central Ave. Grant A. Sauer M.D.
Remarks,

Remarks, Central Ave.

WM J G SALARY OO CITY POSTERS AND STATIONERS

8 9 4 0 0 0 2 6 8 2

RETURN OF A BIRTH. 55918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Apr. 12, 94*
4. Place of Birth, (Street and Number) *115 W Lombard St*
5. Full Name of Mother, *Annie Burns*
6. Mother's Maiden Name, *Penn.*
7. Mother's Birthplace, *Penn.*
8. Full Name of Father, *C. S. Neer*
9. Father's Occupation, *115 W Lombard St*
10. Name of Medical Attendant, or other person who makes this Return, *C. S. Neer*
11. Address, *115 W Lombard St*
12. Remarks, *18940002683*

RETURN OF A BIRTH. 55-919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1

1. Sex, (state whether male or female)..... Female

2. Race or Color, (if not of the white race)..... Black

3. Date of Birth,..... 1/5/10, Somers St

4. Place of Birth, (Street and Number)..... Apr. 12

5. Full Name of Mother,..... Eliza White

6. Mother's Maiden Name,..... Ma

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,..... C. S. New

Address,..... 115 W. Somers St

Remarks,

8 9 4 0 0 0 2 6 8 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55920

Any person or persons who shall hereafter fail to comply with the regulations of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 1st

1. Sex, (state whether male or female) - female

2. Race or Color, (if not of the white race) -

3. Date of Birth, - 2 April

4. Place of Birth, (Street and Number) - 138 Harrison St

5. Full Name of Mother, - Anne Franz

6. Mother's Maiden Name, - Asheldorff

7. Mother's Birthplace, - Prussia

8. Full Name of Father, - John Franz

9. Father's Occupation, - Baker

Father's Birthplace, - Prussia

Name of Medical Attendant, or other person who makes this Return, - Mrs R. Elbig

Address, - 302 E Lexington St

Remarks, -

18940002685

RETURN OF A BIRTH. 55921 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 12 1894*

4. Place of Birth, (Street and Number) *403 E. Biddle St. Baltimore*

5. Full Name of Mother, *Iola Thomas*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Not known*

9. Father's Occupation, *"*

10. Father's Birthplace, *"*

Name of Medical Attendant, or other person who makes this Return, *A. C. Bascom M.D.*

Address, *603 Leary St.*

Remarks, *"*

RETURN OF A BIRTH.

55922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940002687

RETURN OF A BIRTH. 55923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) V
 1. Sex, (state whether male or female) Girl
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 12/94
 4. Place of Birth, (Street and Number) 615 S. Bradfords str
 5. Full Name of Mother, Kunigunde Pfister
 6. Mother's Maiden Name, Grinewald
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, Frank Pfister
 9. Father's Occupation, Cutter
 10. Father's Birthplace, Balto.
 Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer
 Address, 2225 Gough str.
 Remarks, _____
 8940002688

In the case of a child born to a mother who is not a resident of Baltimore City, the birth of such child shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Not the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 of April

4. Place of Birth, (Street and Number) 2518 Salem St

5. Full Name of Mother, Dora Pauline Kerr

6. Mother's Maiden Name, Dora Pauline Flock

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank John Kerr

9. Father's Occupation, Gunmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary L. Mackay

Remarks, 761 Lombard St

8 9 4 0 0 0 2 6 8 9

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d* (55925)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *13th April 1894*

4. Place of Birth, (Street and Number) *1073 E Fort Ave*

5. Full Name of Mother, *Emma Whelen*

6. Mother's Maiden Name, *Feigh*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Whelen*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Elizabeth Jewell*

Address, *436 E Fort Ave*

Remarks,

RETURN OF A BIRTH. 55926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13th day of April
4. Place of Birth, (Street and Number) 1000 North Holliday St
5. Full Name of Mother, Mrs. Bertha Fickman
6. Mother's Maiden Name, Bertha Fickman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Fickman
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. Magness
- Address, 2821 E Fayette St
- Remarks,

18940002691

RETURN OF A BIRTH.

55927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d) &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 18, 94

4. Place of Birth, (Street and Number)

1937 Pratt

5. Full Name of Mother,

Mrs Bessie Lumsden Ode

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Rev Edwin B Ode

9. Father's Occupation,

Teacher

● Father's Birthplace,

Mo

Name of Medical Attendant, or other person who makes this Return,

D. B. Williams

Address,

Union Square

Remarks,

1 8 9 4 0 0 0 2 6 9 2

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 13, 1894
 4. Place of Birth, (Street and Number) 216 Sycamore St.
 5. Full Name of Mother, Mary Marshall Olson
 6. Mother's Maiden Name, Lyboof
 7. Mother's Birthplace, Ind.
 8. Full Name of Father, Edward Elias Williams Olson
 9. Father's Occupation, Mill Operator
 10. Father's Birthplace, Ind.
 Name of Medical Attendant, or other person who makes this Return, Chas. W. Mitchell M.D.
 Address, 291 Chestnut Ave.
 Remarks, _____
 8940002693

perfect to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
 This certificate shall be void.

RETURN OF A BIRTH. 55929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 April
4. Place of Birth, (Street and Number) 431. Center St
5. Full Name of Mother, Annie Mullin
6. Mother's Maiden Name, Annie M. Kamey.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Patrick Mullin
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland.
- Name of Medical Attendant, or other person who makes this Return, Mrs. J. Zink midwife.
- Address, No 506. 4 Thiel St.
- Remarks,

8940002694

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15 1894
4. Place of Birth, (Street and Number) ~~72~~ Fillmore St. Waverly
5. Full Name of Mother, Mrs. Bertha Wether
6. Mother's Maiden Name, Mrs. Bertha Petter
7. Mother's Birthplace, Balt.
8. Full Name of Father, Max Theodor Wether
9. Father's Occupation, Logan maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. Josephine Kueger
- Address, No 2026 C. Fayette Baltimore Md.
- Remarks, _____

18940002695

RETURN OF A BIRTH. 55931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Registrar of Health, in the manner and within the period above required, and any such person who fails to do so shall hereafter fail to comply with the provisions of this act and be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *15th April*
 4. Place of Birth, (Street and Number) *S. Knapock, 1003*
 5. Full Name of Mother, *Mary Jane L. Bartell*
 6. Mother's Maiden Name, *Mary Jane L. Clark*
 7. Mother's Birthplace, *Washington*
 8. Full Name of Father, *Jacob Bartell*
 9. Father's Occupation, *laborer*
 10. Father's Birthplace, *Pennsylvania*
 Name of Medical Attendant, or other person who makes this Return, *Wm. P. Loeppmann*
 Address, *1225 Gay street.*
 Remarks,

5 5 9 3 1

RETURN OF A BIRTH. 55932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons who shall hereafter fail to do so, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female)..... 1

2. Race or Color, (if not of the white race)..... girl

3. Date of Birth..... 15 April

4. Place of Birth, (Street and Number)..... Pratt St. 61

5. Full Name of Mother,..... Rose Hooper

6. Mother's Maiden Name,..... Heissmulin

7. Mother's Birthplace,..... Balt.

8. Full Name of Father,..... Edward Hooper

9. Father's Occupation,.....

10. Father's Birthplace,..... Balt.

Name of Medical Attendant, or other person who makes this Return,..... Anna Walker

Address,..... 928 N. Cal St.

Remarks,.....

18940002697

RETURN OF A BIRTH. 53933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
- Sex, (state whether male or female) female
- Race or Color, (if not of the white race) white
- Date of Birth, 15 April
- Place of Birth, (Street and Number) 324 N. Front St
- Full Name of Mother, Emma Stange.
- Mother's Maiden Name, Emma Schellish
- Mother's Birthplace, Baltimore Md.
- Full Name of Father, Abram Stange
- Father's Occupation, Musician
- Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs. J. Spink midwife
- Address, 506 N. Ship St.
- Remarks,

1 8 9 4 0 0 0 2 6 9 8

THIS REPORT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, IN THE MANNER AND WITHIN THE PERIOD ABOVE REQUIRED, AND ANY SUCH PERSON OR PERSONS WHO SHALL HERETOFORE FAIL TO COMPLY WITH THE PROVISIONS OF THIS ACT, SHALL BE SUBJECT TO THE FINE OF TEN (10) DOLLARS FOR EACH OFFENSE, TO BE RECOVERED IN OTHER FINES AND FORFEITURES ARE RECOVERABLE.

RETURN OF A BIRTH.

55434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 104
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, 15th April 1894
4. Place of Birth, (Street and Number) 1406 E Madison St
5. Full Name of Mother, Annie V Green
6. Mother's Maiden Name, " V "
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Lewis Green
9. Father's Occupation, Farmer
10. Father's Birthplace, Balto. Co.
- Name of Medical Attendant, or other person who makes this Return, Mrs Julia Greene
- Address, 944 N. Bay St.
- Remarks,

+ 8 9 4 0 0 0 2 6 9 9

GIVEN NAME ADDED 12-13-56
RETURN OF A BIRTH. 55-935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Margaret Schaaf
o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th April - 1894

4. Place of Birth, (Street and Number) 1900 E. Bager St

5. Full Name of Mother, Pauline Schaaf

6. Mother's Maiden Name, Pauline Hoffman

7. Mother's Birthplace, Wasko, Europ

8. Full Name of Father, Geo H Schaaf

9. Father's Occupation, Trunk maker

10. Father's Birthplace, Baltimore Md City

Name of Medical Attendant, or other person who makes this Return, Aloisia Satoro

Address, 1010 Duham St

Remarks,

1 8 9 4 0 0 0 2 7 0 0

Child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and to the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55-936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, April 16th 1894
 4. Place of Birth, (Street and Number) 1629 E Madison st
 5. Full Name of Mother, Priscilla Buddy
 6. Mother's Maiden Name, Mitchell
 7. Mother's Birthplace, Balto. cr
 8. Full Name of Father, William Buddy
 9. Father's Occupation, Fireman
 10. Father's Birthplace, Balto city
 Name of Medical Attendant, or other person who makes this Return, Mr. John Broome
 Address, 941 N. Bay st
 Remarks, _____

8740002701

RETURN OF A BIRTH. 53-937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *mother of one child*
- Sex, (state whether male or female) *male & child*
- Race or Color, (if not of the white race) *race of color*
- Date of Birth, *16 of April*
- Place of Birth, (Street and Number) *512 Montgomery St*
- Full Name of Mother, *Mrs Sarah Reese*
- Mother's Maiden Name, *Sarah Dear*
- Mother's Birthplace, *the mother was born in Essex*
- Full Name of Father, *John Wesley Reese*
- Father's Occupation, *carpenter in farm packs*
- Father's Birthplace, *born in Essex county, Va*
- Name of Medical Attendant, or other person who makes this Return, *Dr. M. Daves*
- Address, *802 E. Hines St*
- Remarks, *OK*

18940002702

RETURN OF A BIRTH. 55.938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines are recoverable.

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race)..... *White*

3. Date of Birth,..... *April 16th*

4. Place of Birth, (Street and Number)..... *171 E. Clement St*

5. Full Name of Mother,..... *Mary Cecil*

6. Mother's Maiden Name,..... *Proff*

7. Mother's Birthplace,..... *Germany*

8. Full Name of Father,..... *George P. Cecil*

9. Father's Occupation,..... *Sailor*

10. Father's Birthplace,..... *Germany*

Name of Medical Attendant, or other person who makes this Return,..... *Dr. Susan A. Dolan*

Address,..... *171 E. Clement St*

Remarks,..... *1*

1 8 9 4 0 0 0 2 7 0 3

RETURN OF A BIRTH. 53-939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 16, 1894

4. Place of Birth, (Street and Number)

561 Pennsylvania Ave

5. Full Name of Mother,

Julia Ann Rigney

6. Mother's Maiden Name,

Helbaugh

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Thomas Newton Rigney

9. Father's Occupation,

Pipe fitter

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other person who makes this Return,

Chas. H. Mitchell M.D.

Address,

291 Chestnut Ave

Remarks,

8940002704

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 16, 1894

4. Place of Birth, (Street and Number) 517 Hickory ave.

5. Full Name of Mother, Alice Carlin

6. Mother's Maiden Name, Burkins

7. Mother's Birthplace, Ind.

8. Full Name of Father, Frank Thomas Carlin

9. Father's Occupation, Moulder

10. Father's Birthplace, Washington, D.C.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave

Remarks, 18940002705

RETURN OF A BIRTH. 55941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

April 16 7 1894

4. Place of Birth, (Street and Number)

203 King St

5. Full Name of Mother,

Josephine Williams

6. Mother's Maiden Name,

Josephine Bell

7. Mother's Birthplace,

Northumberland Co Pa

8. Full Name of Father,

James Williams

9. Father's Occupation

Labor

10. Father's Birthplace,

Howard Co Md

Name of Medical Attendant, or other person who makes this Return.

Mrs Charlotte Williams

Address,

910 Linden - Hall St

Remarks,

1 8 9 4 0 0 0 2 7 0 6

over RETURN OF A BIRTH. 55942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. Anna Riedel 2^d.
No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)...

White

3. Date of Birth, ...

April 17th 1894. 2.45 a.m.

4. Place of Birth. (Street and Number)...

3110 Elliott St.

5. Full Name of Mother, ...

Katie Riedel

6. Mother's Maiden Name, ...

Katie Pickert

7. Mother's Birthplace, ...

Baltimore Md.

8. Full Name of Father, ...

Wm. Riedel

9. Father's Occupation, ...

Employed at the Electric Copper works.

10. Father's Birthplace, ...

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, ...

F. W. Chucander M.D.

Address, ...

1014 Canton St.

Remarks, ...

8940002707

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55-943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *Color*
4. Date of Birth, *17 April 1894*
5. Place of Birth, (Street and Number) *1001 Durham St.*
6. Full Name of Mother, *Getrud Collins*
7. Mother's Maiden Name, *Getrud Johnson*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Charles Collins*
10. Father's Occupation, *Engineer*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, or other person who makes this Return, *Alonso Guatara*
13. Address, *1010 Durham St*
14. Remarks, _____

1 8 9 4 0 0 0 2 7 0 8

RETURN OF A BIRTH.

55944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 17th 1894*

4. Place of Birth, (Street and Number) *11 D. Exeter st*

5. Full Name of Mother, *Rosa Lenezky*

6. Mother's Maiden Name, *" Goldenrock*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Nathan Lenezky*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *Nathan Lenezky*

Address, *No 11 D Exeter st*

Remarks,

18940002709

RETURN OF A BIRTH 55945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male

White

April 18 1894

4th Ave. Alley

Mary Daves

Daves

Baltimore Md

Richard Boone

laborer

Baltimore

Mary Daves

327 N. Hamilton

11

18940002710

RETURN OF A BIRTH 55946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 19 - 1894*
 4. Place of Birth, (Street and Number) *1441 Hull St*
 5. Full Name of Mother, *Bethie L. Rice*
 6. Mother's Maiden Name, _____
 7. Mother's Birthplace, _____
 8. Full Name of Father, *George H. Rice*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, _____
 Name of Medical Attendant, or other person who makes this Return, *Chas. H. McGeachy M.D.*
 Address, *854 N. Lombard St*
 Remarks, _____

8940002711

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

55-947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

April 19th 1894

4. Place of Birth, (Street and Number)

414 N. Ave St

5. Full Name of Mother,

Hattie Hairbans

6. Mother's Maiden Name,

Hattie Raubman

7. Mother's Birthplace,

Worcester Co Md

8. Full Name of Father,

Wm F Hairbans

9. Father's Occupation,

Boat Engineer

10. Father's Birthplace,

Naboth Len Md

Name of Medical Attendant, or other person who makes this Return.

J. K. Wiley M.D.

Address,

724 N. Leary St City

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55-948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

21 April

4. Place of Birth, (Street and Number)

Durham str. 827

5. Full Name of Mother

Josefa C. Hasek

6. Mother's Maiden Name

Kindel

7. Mother's Birthplace

Bohemia

8. Full Name of Father

Karl Hasek

9. Father's Occupation

Major

10. Father's Birthplace

Bohemia

Name of Medical Attendant, or other person who makes this Return

Meri Prett

Address

Bond str. 838

Remarks

AP

8940002713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55-949

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Kind*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W*

3. Date of Birth. *22 April*

4. Place of Birth, (Street and Number) *921 East Avenue*

5. Full Name of Mother, *Rosie Lutz*

6. Mother's Maiden Name, *Prentiss*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Fredrick Wm. Lutz*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Marie Groll*

Address, *St. Bond. St. 838*

Remarks, *8940002714*

For every person or persons who shall neglect to file a return of a birth as required by this section, shall be liable to the fine of ten (10) dollars for each offence, to be recovered in other lines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 55950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

April 23rd 1894

4. Place of Birth, (Street and Number)

1102 William St

5. Full Name of Mother,

Mary A. Parnell

6. Mother's Maiden Name,

Mary A. Burton

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Edward Parnell

9. Father's Occupation,

Mechanic

Father's Birthplace,

Ma

Name of Medical Attendant, or other person who makes this Return.

L. K. Wiley M.D.

Address,

724 N. Carey St City

Remarks,

18940002715

RETURN OF A BIRTH 55-957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (State whether male or female). *Female*

2. Race or color, (if not of the white race). *White*

3. Date of Birth, *April 23rd 1894*

4. Place of Birth, (Street and Number) *313. E. Lenox St*

5. Full Name of Mother, *Mary H. Washield*

6. Mother's Maiden Name, *Mary H. Jones*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Wm. H. Washield Jr*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return. *J. K. Murley M.D.*

Address, _____

Remarks, _____

8740002716

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55952 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *April 23 - 1894*
5. Place of Birth, (Street and Number) *724 W. Baltimore St*
6. Full Name of Mother, *Clara Simms*
7. Mother's Maiden Name, *Parks*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Richd. Simms*
10. Father's Occupation, *Clerk*
11. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *John Keff M.D.*
- Address, *101 N. Calverton Ave*
- Remarks,

18940002717

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 55953

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) **2d.**
- Sex, (state whether male or female) **Female**
- Race or Color, (if not of the white race) **Colored**
- Date of Birth, **April 23rd**
- Place of Birth, (Street and Number) **China St**
- Full Name of Mother, **Fanny**
- Mother's Maiden Name, **Thomas**
- Mother's Birthplace, **Pratt and Paca Dells. Md.**
- Full Name of Father, **David Hawkins**
- Father's Occupation, **Laborer**
- Father's Birthplace, **Balbert County**
- Name of Medical Attendant, or other person who makes this return,
- Address,
- Remarks,

RETURN OF A BIRTH. 53-954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

4th Child
McDonen
Vaj

25 April
Vaj str. 22

Meri Murphy
Gall
Baltimore
Joe Murphy
Baltimore
Survivor

Meri Press

18940002719

RETURN OF A BIRTH. 55955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 3d 2 living

1. Sex, (state whether male or female) — Male

2. Race or Color, (if not of the white race) — White

3. Date of Birth, — April 25 1894

4. Place of Birth, (Street and Number) — 207 Catherine St Balt City

5. Full Name of Mother, — Martha E Smallwood

6. Mother's Maiden Name, — McDonnell

7. Mother's Birthplace, — Balt Co Md

8. Full Name of Father, — Henry Smallwood

9. Father's Occupation, — laborer

10. Father's Birthplace, — Howard Co

Name of Medical Attendant, or other person who makes this Return, — Mary A Martin

Address, — 2804 Cedar avenue B. City

Remarks, —

18940002720

RETURN OF A BIRTH. 53956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 25 1904*
 4. Place of Birth, (Street and Number) *2221 Griffin Court*
 5. Full Name of Mother, *Augusta Karl*
 6. Mother's Maiden Name, *Bottler*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *John Karl*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Deinenlofer*
 Address, *2225 Gough St*
 Remarks, *18940002721*

ected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-2-50
 RETURN OF A BIRTH. 55957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rosie Katherine Reuch
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)..... Maiden
2. Race or Color, (if not of the white race)..... Vaj's
3. Date of Birth,..... 27 April 1894
4. Place of Birth, (Street and Number)..... Rose St. 5.
5. Full Name of Mother,..... Hejity Reuch
6. Mother's Maiden Name,..... Vesely
7. Mother's Birthplace,..... Bohmen
8. Full Name of Father,..... George Reuch
9. Father's Occupation,..... Carhajt
10. Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,..... Mori Dick

Remarks,..... S. Bond str. 838.2
 18940002722

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *11. Kind*

2. Race or Color, (if not of the white race) *Pup*

3. Date of Birth, *28 April*

4. Place of Birth, (Street and Number) *Thames St. 1419*

5. Full Name of Mother, *Marie Karasinsky*

6. Mother's Maiden Name, *Kumicky*

7. Mother's Birthplace, *Czajny*

8. Full Name of Father, *Josep Karasinsky*

9. Father's Occupation, *carhajt*

10. Father's Birthplace, *Czajny*

Name of Medical Attendant, or other person who makes this Return, *Marie Orell*

Address, *Bond St. 838*

Remarks, *18740002723*

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55959

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color White
3. Date of Birth, 30 of April 1894
4. Place of Birth, (Street and Number) Baltimore 1322 Madison Ave
5. Full Name of Mother, Laura C. Powell
6. Mother's Maiden Name, Laura C. Powell
7. Mother's Birthplace, Philadelphia, Pa.
8. Full Name of Father, Columbus Powell
9. Father's Occupation, Painter
10. Father's Birthplace, Philadelphia, Pa.
- Name of Medical Attendant, or other person who makes this Return, Dr. Sara Richmond
- Address, 1610 Madison Ave Baltimore 1610
- Remarks,

18940002724

RETURN OF A BIRTH.

55960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Printed at the line of ten by dollars for each office, to be recovered as other fees and forfeitures are recoverable.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 2

1. Sex, (state whether male or female) ... Female

2. Race or Color, (if not of the white race) ... Colored

3. Date of Birth, ... eighth day of April

4. Place of Birth, (Street and Number) ... 304 Parrish St Baltimore

5. Full Name of Mother, ... Susan Ward

6. Mother's Maiden Name, ... Susan Wilson

7. Mother's Birthplace, ... Baltimore

8. Full Name of Father, ... Charles Sumner Ward

9. Father's Occupation, ... Water Heater

10. Father's Birthplace, ... Baltimore

Name of Medical Attendant, or other person who makes this Return, ... Sarah Rollens Minnick

Address, ... 1618

Remarks,

8940002725

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *2/11/2 = 1894*
 4. Place of Birth, (Street and Number) *824, Kinsensh. St.*
 5. Full Name of Mother, *Mary Lee*
 6. Mother's Maiden Name, *Mary Jessel*
 7. Mother's Birthplace, *West. Virginia, M. D.*
 8. Full Name of Father, *John Lee*
 9. Father's Occupation, *Fire - Marking*
 10. Father's Birthplace, *West. Virginia*
- Name of Medical Attendant, or other person who makes this Return, *Mary O. Jones*
- Address, *1121 Larchmont St.*
- Remarks, _____

1 8 9 4 0 0 0 2 7 2 6

RETURN OF A BIRTH.

53962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who are liable to be fined for each offence, to be recovered in other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, April 4/94

4. Place of Birth, (Street and Number) 130 Chesapeake St.

5. Full Name of Mother, Hanna Neuhagen

6. Mother's Maiden Name, " Lombers

7. Mother's Birthplace, Muhlstadt Bavaria

8. Full Name of Father, Simon Neuhagen

9. Father's Occupation, Merchant

10. Father's Birthplace, St. Gallen Bavaria

Name of Medical Attendant, or other person who makes this Return, Edward M. Driscoll

Address, 208 Chesapeake St.

Remarks, _____

18940002727

RETURN OF A BIRTH.

55963

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 6th 1894

4. Place of Birth (Street and Number)

3rd Avenue & Bank St

5. Full Name of Mother

Annie Maggie Schulerburg

6. Mother's Maiden Name

J. M. Maassch

7. Mother's Birthplace

Heighlandtown Balto City

8. Full Name of Father

Geo Schulerburg

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltz. City

Name of Medical Attendant, or other Person who makes this Report.

James E. Drenelle M.D.

Address

1701 Baltimore St East

Remarks

1 8 9 4 0 0 0 2 7 2 8

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED 2-8-60

RETURN OF A BIRTH. 53964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ernest Franklin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 1st 1894

4. Place of Birth, (Street and Number)

Baltimore #1371. Whatcoat St.

5. Full Name of Mother,

Oliza Franklin

6. Mother's Maiden Name,

Oliza. Garner

7. Mother's Birthplace,

West river Md

8. Full Name of Father,

Samuel Edward Franklin

9. Father's Occupation,

Hod Carrier

10. Father's Birthplace,

Mrs. Alice Barnes

Name of Medical Attendant, or other person who makes this Return,

Address,

538. Baker St.

Remarks,

Baltimore City Md

18940002729

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 11/94

4. Place of Birth, (Street and Number) 1826 E. Biddle St.

5. Full Name of Mother, Missie Hook

6. Mother's Maiden Name, Thompson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Hook

9. Father's Occupation, Cashman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. B. Billingsley

Address, 1206 E. Pratt St.

Remarks,

8940002730

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12th 1894

4. Place of Birth, (Street and Number) 136 Chappel St.

5. Full Name of Mother, Annie K. Lebie

6. Mother's Maiden Name, Bohejoman

7. Mother's Birthplace, Breie

8. Full Name of Father, John Bruchlayer

9. Father's Occupation, Bohemian

10. Father's Birthplace, Neary Kaptiz

Name of Medical Attendent, or other person who makes this Return, Washington St.

Address, 205 N

Remarks, 8940002731

Penalty for non-compliance: For each offense, to be recovered as other fines and forfeitures are recoverable, a fine of ten (10) dollars.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 13th 1894

4. Place of Birth, (Street and Number)

812

St. Lombard St

5. Full Name of Mother,

Martha Stoeckel

6. Mother's Maiden Name,

Tracz

7. Mother's Birthplace,

Nuremberg Germany

8. Full Name of Father,

Hugo

Stoeckel

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Munich Germany

Name of Medical Attendant, or other person who makes this Return,

A. J. [Signature]
St. Lombard St

Address,

Remarks,

18940002732

RETURN OF A BIRTH. 53968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 14 1894

4. Place of Birth, (Street and Number) 285 N. Exeter Str

5. Full Name of Mother, Annie Sichtenstein

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Joseph Sichtenstein

9. Father's Occupation, Toddler

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C Bernstein

Address, 122 S. Exeter Str

Remarks, _____

8 9 4 0 0 0 2 7 3 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55469

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

April 15th 1884

4. Place of Birth, (Street and Number)

1814 Dallas

5. Full Name of Mother,

Annie O'Donnell

6. Mother's Maiden Name,

Wise

7. Mother's Birthplace,

Balt. Md

8. Full Name of Father,

Bernard O'Donnell

9. Father's Occupation,

printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mr. B. Billingsley

Address,

1206 E. Boston

Remarks,

8940002734

jected to the fine of ten (\$10) dollars or each offense, to be recovered, in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8
Female

White

April 17th

Baltimore 1803 Brent St.

Harriet Ridgeway

Harriet Jones

Easton

Samuel Ridgeway

Carpenter

Bay Annapolis

Harriet Jones

1837 Wharfedale St.

1 8 9 4 0 0 0 2 7 3 5

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, April - 17, 1894
5. Place of Birth, (Street and Number) 624 - Stockton St.
6. Full Name of Mother, Diner - Brooks
7. Mother's Maiden Name, Diner - Brooks
8. Mother's Birthplace, S. + S. - Pa.
9. Full Name of Father, William - Brooks
10. Father's Occupation, Steamer
11. Father's Birthplace, S. + S. - Pa.
- Name of Medical Attendant, or other person who makes this Return, Mary - C. Jones
- Address, 1121 Baraboga St.
- Remarks, _____

1 8 9 4 0 0 0 2 7 3 6

RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55972

1. Sex, (state whether 1st, 2d, 3d, &c.) *1st*
2. Race or Color, (if not of the white race) *Female*
3. Date of Birth, *April 17/24*
4. Place of Birth, (Street and Number) *825 Grammont av*
5. Full Name of Mother, *Bertha Klein*
6. Mother's Maiden Name, *" Goldmann*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Marcus Klein*
9. Father's Occupation, *Agent*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other person who makes this Return, *Edmund J. Davis*
- Address, *228 August st*
- Remarks,

8940002737

RETURN OF A BIRTH. 55973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 8/94

4. Place of Birth, (Street and Number)

1011 N. Caroline St

5. Full Name of Mother,

Mary A. Rosenbarger

6. Mother's Maiden Name,

R. " Baker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter A. Rosenbarger

9. Father's Occupation

Clerk

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other person who makes this Return,

Edward P. Moore

Address,

208 Baymont St.

Remarks,

1 8 9 4 0 0 0 2 7 3 8

RETURN OF A BIRTH.

55979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 19th 1884

4. Place of Birth, (Street and Number) 1637 Aisquith

5. Full Name of Mother, Annie Valentine

6. Mother's Maiden Name, Olsman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George L. Valentine

9. Father's Occupation, printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mr. B. Billingsley

Address, 1206 E. Boston St.

Remarks,

18940002739

RETURN OF A BIRTH. 55975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *April 19, 1894.*
 4. Place of Birth, (Street and Number) *21 E. Eager St.*
 5. Full Name of Mother, *Eva Murray,*
 6. Mother's Maiden Name, *Eva Murray,*
 7. Mother's Birthplace, *Annapolis, Md.*
 8. Full Name of Father, *Anthony S. Murray.*
 9. Father's Occupation, *Gentleman.*
 10. Father's Birthplace, *Pittsburgh, Pa.*
 Name of Medical Attendant, or other person who makes this Return. *Howard A. Kelly.*
 Address,
 Remarks,

1 8 9 4 0 0 0 2 7 4 0

RETURN OF A BIRTH. 55-976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 2 7 4 1

RETURN OF A BIRTH.

55-977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 25th 1897
 4. Place of Birth, (Street and Number) 2113 E North Ave
 5. Full Name of Mother, Caroline Melcher
 6. Mother's Maiden Name, Appel
 7. Mother's Birthplace, Balto Co Md
 8. Full Name of Father, Wm H. Melcher
 9. Father's Occupation, Coal dealer
 10. Father's Birthplace, Balto Co Md
 Name of Medical Attendant, or other person who makes this Return, Mr B Bellinger
 Address,
 Remarks,

Noted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color. (if not of the white race)

Colored

3. Date of Birth.

26 Day of April

4. Place of Birth. (Street and Number)

1323 What coat street

5. Full Name of Mother.

Rosie Etter Conway

6. Mother's Maiden Name.

Rosie

Etter Thompson

7. Mother's Birthplace.

Baltimore

County Maryland

8. Full Name of Father.

Thomas Miller

9. Father's Occupation.

Lumber

Conway

10. Father's Birthplace.

North

Thurman County Va.

Name of Medical Attendant, or other person who makes this Return.

Maria Jones

Address.

1337 What coat street

Remarks.

18940002743

Subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55-979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 27, 1894

4. Place of Birth, (Street and Number) 45 S. High St.

5. Full Name of Mother, Louise Bohua

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Theresa Bohua

8. Full Name of Father, Taylor

9. Father's Occupation, Europe

10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

1 8 9 4 0 0 2 7 4 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 2 7 4 5

RETURN OF A BIRTH. 55987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This Return shall be signed by the Registrar, or by a person who shall hereafter fail to comply with the provisions of this section, shall be subject to the penalty of a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *April 28, 1894*
4. Place of Birth, (Street and Number) *407 Central Ave*
5. Full Name of Mother, *Cecilia Ester*
6. Mother's Maiden Name, *Hammill*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Ester*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. B. Bernstein*
- Address, *122 S. Exeter St.*
- Remarks, _____

1 8 9 4 0 0 2 7 4 6

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person acting for him or her shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

55-982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 24. 94*
4. Place of Birth, (Street and Number) *216 N. Carey St.*
5. Full Name of Mother, *Carrie Golder*
6. Mother's Maiden Name, *Mumson*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Rich^d L. Golder*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Balt.*
- Name of Medical Attendant, or other Person who makes this Return, *Wm E. Moseley M.D.*
- Address, *614 N. Howard St.*
- Remarks,

8940302747

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-16-52
RETURN OF A BIRTH.
CERTIFICATE CORRECTED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha I. ~~Goldenberg~~ Goldberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth..... 2nd April, 1894
4. Place of Birth, (Street and Number)..... 1151 Lombard St.
5. Full Name of Mother..... Jennie Goldberg
6. Mother's Maiden Name..... Dornick
7. Mother's Birthplace..... Russia
8. Full Name of Father..... Israel Goldberg
9. Father's Occupation..... cigar maker
10. Father's Birthplace..... Russia
- Name of Medical Attendant, or other person who makes this Return..... Sherman
- Address..... Baltimore W
- Remarks,

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 8/22/61

55 984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Benjamin Freedenberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

March 26 1894

Place of Birth, (Street and Number)

1827 Harrison St

Full Name of Mother,

Rebecca Freedenberg

Mother's Maiden Name,

Greenbaum

Mother's Birthplace,

Russia

Full Name of Father,

Philip Freedenberg

Father's Occupation

Store-keeper

Father's Birthplace,

Russia

Name of Medical Attendant,

or other person who makes this Return.

Dr. J. H. ...

Address,

1827 Harrison St

Remarks,

18940002749

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53-985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 April 1934

4. Place of Birth, (Street and Number) 215 W. 11th St

5. Full Name of Mother, Rachel Friedman

6. Mother's Maiden Name, Pearlman

7. Mother's Birthplace, London

8. Full Name of Father, Louis Friedman

9. Father's Occupation, Clerk

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 22 Calverton St

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 18, 1894*

4. Place of Birth, (Street and Number) *28 Albemarle St*

5. Full Name of Mother, *Charles Binder*

6. Mother's Maiden Name, *Silberman*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Isidore Binder*

9. Father's Occupation, *Clerk*

Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *E. J. Hyman*

Address, *Baltimore Md*

Remarks, *18940002751*

RETURN OF A BIRTH. 53987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 April 1894

4. Place of Birth, (Street and Number) 1214 E. Lombard St

5. Full Name of Mother, Katie Christitch

6. Mother's Maiden Name, Ignatiev

7. Mother's Birthplace, Russia

8. Full Name of Father, John Christitch

9. Father's Occupation, Boot Maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. J. [unclear]

Address, [unclear]

Remarks, [unclear]

18940-07752

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55-988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereunder fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 April 1884

4. Place of Birth, (Street and Number) 22 Boston St

5. Full Name of Mother, Catherine Wood

6. Mother's Maiden Name, Russell

7. Mother's Birthplace, Russia

8. Full Name of Father, Max Kiesel

9. Father's Occupation, Tree Keeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Phelan

Address, 2 E. Alameda St

Remarks,

1 8 9 4 0 0 0 2 7 5 3

RETURN OF A BIRTH. 55989 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 1894*
4. Place of Birth, (Street and Number) *1410 Street*
5. Full Name of Mother, *Rachel Levin*
6. Mother's Maiden Name, *Levin*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Isaac Levin*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *G. Schuman*
- Address, *175 Allen Ave*
- Remarks,

8940002754

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 2 7 5 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

35991

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 April 1894

4. Place of Birth, (Street and Number) 834 E. Pratt St

5. Full Name of Mother, Anna Frank

6. Mother's Maiden Name, Bachrach

7. Mother's Birthplace, Russia

8. Full Name of Father, Israel Frank

9. Father's Occupation, sailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. L. L. L.

Address, 22 Calverton St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether 1st, 2d, 3d, &c.) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 April 1884

4. Place of Birth, (Street and Number) 1028 Madison St

5. Full Name of Mother, Lora Goldberg

6. Mother's Maiden Name, Goldstein

7. Mother's Birthplace, London

8. Full Name of Father, E. Lizza Goldberg

9. Father's Occupation, tailor

10. Father's Birthplace, London

Name of Medical Attendant, Dr. J. J. Schuman or other person who makes this Return.

Address, 425 N. Charles St

Remarks, 18940002757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 1894*

4. Place of Birth, (Street and Number) *174 W. Main St. Baltimore*

5. Full Name of Mother, *Esther Roman*

6. Mother's Maiden Name, *Spinkelmitch*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Isaac Roman*

9. Father's Occupation, *Doctor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *E. Roman*

Address, *Baltimore*

Remarks, *Healthy*

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulaney Co., City Printers and Stationers.

18940502758

RETURN OF A BIRTH. 55994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other person who makes this Return,...

Address,...

Remarks,...

1st

female

white

April 1, 1894

112 E. Monument

Marianne von Lastrow

Marianne Thott

Germany

Berlin von Lastrow

Secretary of the C. B. S. S.

Germany

Maria E. Malwitzers No. 2

725 N. Liberty St.

8940002759

RETURN OF A BIRTH. 55995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1st April*
4. Place of Birth, (Street and Number) *209 Port St.*
5. Full Name of Mother, *Barbara Eidluth*
6. Mother's Maiden Name, *=*
7. Mother's Birthplace, *Leam (Bavaria)*
8. Full Name of Father, *John Eidluth*
9. Father's Occupation, *Laborm*
10. Father's Birthplace, *Possig (Bavaria)*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. G. Weiss*
- Address, *2522 Lancaster St.*
- Remarks, *2522 Lancaster St.*

18940002760

RETURN OF A BIRTH. 53 996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 5th 1894
4. Place of Birth, (Street and Number) 112 Michigan Ave Atlantic City N.J.
5. Full Name of Mother, Bertha Young
6. Mother's Maiden Name, Bertha Mack
7. Mother's Birthplace, Scotland N.Y.
8. Full Name of Father, Harry Young
9. Father's Occupation General Laborer
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs Mary Sampson
- Address,
- Remarks,

5940002761

RETURN OF A BIRTH. 55997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

2. Sex, (state whether male or female) male

3. Race or Color, (if not of the white race) White

4. Date of Birth, 5 of April

5. Place of Birth, (Street and Number) 2509 Lancaster Street

6. Full Name of Mother, Juliane Sullivan

7. Mother's Maiden Name, Braun

8. Mother's Birthplace, Martinsburg (Va)

9. Full Name of Father, Sullivan

10. Father's Occupation, Labeler

11. Father's Birthplace, Illinois

12. Name of Medical Attendant, or other person who makes this Return, Mrs. S. Weiss

13. Address, 2522 Lancaster Street

14. Remarks, _____

1 8 9 4 0 0 0 2 7 6 2

RETURN OF A BIRTH. 55998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

April 7th 98

3. Date of Birth,

4. Place of Birth, (Street and Number)

1306 Calhoun Ave.

5. Full Name of Mother,

Mary Lewis

6. Mother's Maiden Name,

Worley

7. Mother's Birthplace,

Warrenton, Va.

8. Full Name of Father,

Sam Lewis

9. Father's Occupation,

Salamanca

10. Father's Birthplace,

Lebanon N. J.

Name of Medical Attendant, or other person who makes this Return,

Dr. H. S. Jones M.D.

Address, 1501 S. Eager St.

Remarks,

1 8 9 4 0 0 0 2 7 6 3

RETURN OF A BIRTH. 55999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940002764

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable,

RETURN OF A BIRTH ⁵⁶⁰⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9. 94.
4. Place of Birth, (Street and Number) -1408. Mount Hill Ave
5. Full Name of Mother, Elizabeth Bailey
6. Mother's Maiden Name, Ray.
7. Mother's Birthplace, Howard Co Md.
8. Full Name of Father, Francis T. Bailey
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, L. H. Hume MD
- Address, 1520 Mount Hill Ave
- Remarks, _____

18940002765

RETURN OF A BIRTH. 56001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 9 1894

4. Place of Birth, (Street and Number) Northport Avenue No 614 Balt

5. Full Name of Mother, Mrs Lilly Brickley Lefler

6. Mother's Maiden Name, Mrs " Bricks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr John Lefler

9. Father's Occupation, Taylor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Stephen Krumgar

Address, No 2026 E. Fayette St B. Md.

Remarks,

18940302766

RETURN OF A BIRTH. 5662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 9th 1897

4. Place of Birth, (Street and Number)

1504 N Spring St

5. Full Name of Mother,

Mathiasa Bely

6. Mother's Maiden Name,

Hochmeyer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Leonard A Bely

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Dr. S. S. Jones M.D.

Address,

1504 N. Rager St

Remarks,

1 8 9 4 0 0 0 2 7 6 7

RETURN OF A BIRTH. 56004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 of April

4. Place of Birth, (Street and Number) 212 Port St.

5. Full Name of Mother, Franciska Schmidt

6. Mother's Maiden Name, Matmansky

7. Mother's Birthplace, Posen (Prussia)

8. Full Name of Father, Leona Schmidt

9. Father's Occupation, Labeler

10. Father's Birthplace, Posen (Prussia)

Name of Medical Attendant, Mr. E. Weiss
or other person who makes this Return.

Address, 2522 Fair Ave.

Remarks, _____

8 9 4 0 0 0 2 7 6 9

any such person or persons who shall neglect to file this return as required by law, shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56005-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 11 April
 4. Place of Birth, (Street and Number) 1133 William St
 5. Full Name of Mother, Teresa Schrick
 6. Mother's Maiden Name, 11 Freeman
 7. Mother's Birthplace, Balto
 8. Full Name of Father, William H. Schrick
 9. Father's Occupation, Machinist
 10. Father's Birthplace, Balto
 Name of Medical Attendant, or other person who makes this Return, Mrs. G. A. B. B. B.
 Address, 1328 Light St.
 Remarks, Henry M. U.

18940002770

RETURN OF A BIRTH. 56006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 18 1894

4. Place of Birth, (Street and Number) 108. Leadenhall Place

5. Full Name of Mother, Emma Langberg

6. Mother's Maiden Name, Gelman

7. Mother's Birthplace, Russia

8. Full Name of Father, Isidor Langberg

9. Father's Occupation, Merchant

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, S. S. S. S.

Address, 1222 Broadway

Remarks,

8 9 4 0 0 0 2 7 7 1

RETURN OF A BIRTH. 56007 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. Sex, (state whether male or female) *Male*

1. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 19 1894*

4. Place of Birth, (Street and Number) *1216 William St*

5. Full Name of Mother, *Anna Frederick*

6. Mother's Maiden Name, *Bella*

7. Mother's Birthplace, *George a*

8. Full Name of Father, *Charles Supreme*

9. Father's Occupation, *Bella and*

10. Father's Birthplace, *C. & Brocks*

Name of Medical Attendant, *1528 21st St*

Address, *Dan*

Remarks, *8940002772*

Noted to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20: 94
4. Place of Birth, (Street and Number) 1003 Green Mt Ave
5. Full Name of Mother, Alice V. Richards
6. Mother's Maiden Name, " " Willson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas. R. Richards
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. L. Williams
- Address, 1128 Calhoun St
- Remarks, _____

1 8 9 4 0 0 0 2 7 7 3

RETURN OF A BIRTH. 56009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 April 1897

4. Place of Birth, (Street and Number) 1715 Thompson St

5. Full Name of Mother, Rachel J. [unclear]

6. Mother's Maiden Name, Wulfmann

7. Mother's Birthplace, Russia

8. Full Name of Father, Samuel B. [unclear]

9. Father's Occupation, Barber

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. Scheraga

Address, 22 [unclear] St

Remarks, _____

8940002774

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56010

GIVEN NAME ADDED, 7-22-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Loretta C. Schmitt bld.

of Child of Mother, (state whether 1st, 2d, 3d, 4th, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940002775

56011 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5. 6. 1st

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... White

3. Date of Birth, 22 April 1914

4. Place of Birth, (Street and Number) 606 Greenock St

5. Full Name of Mother, Mary Magdalene

6. Mother's Maiden Name, Mulline

7. Mother's Birthplace, Balto

8. Full Name of Father, John Spadden

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. E. B. Smith

Address, 122 High St

Remarks, Born Well

1 8 9 4 0 0 0 2 7 7 6

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56012 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female). 3

2. Race or Color, (if not of the white race). White

3. Date of Birth. 12 April 1891

4. Place of Birth, (Street and Number). 1231 Light St

5. Full Name of Mother, Louise Murray

6. Mother's Maiden Name, Louise Pett

7. Mother's Birthplace, Virginia

8. Full Name of Father, Thomas Murray

9. Father's Occupation, Wagon Maker

10. Father's Birthplace, Camdenland Md

Name of Medical Attendant, or other person who makes this Return, C. A. Brookes

Address, 1828 Light St

Remarks, Bairns Well

8 9 4 0 0 0 2 7 7 7

RETURN OF A BIRTH. 56613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 23, 1894

4. Place of Birth, (Street and Number) 208, Lemore st. Baltimore

5. Full Name of Mother, Margrit Fitzgerald

6. Mother's Maiden Name, Margrit Green

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Fitzgerald

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

● Name of Medical Attendant, or other person who makes this Return, Mrs. O'Kayer

Address, 924 Hollins st

Baltimore Md.

Remarks, _____

1 8 9 4 0 0 0 2 7 7 8

RETURN OF A BIRTH.

56014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

April 21st 1894

5. Place of Birth, (Street and Number)

3 S. Frederick St.

6. Full Name of Mother,

Wilhelmina Berchending

7. Mother's Maiden Name,

Hahn

8. Mother's Birthplace,

Germany

9. Full Name of Father,

J. Distich Berchending

10. Father's Occupation,

Restaurant

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

C. W. Seligman M.D.

Address, 1501 E. Sager St.

Remarks,

1 8 9 4 0 0 0 2 7 7 9

ected to the fine of ten (10) dollars for each offense, to be recovered in other lines and for failures are recoverable.

RETURN OF A BIRTH. 66015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 April 1894
4. Place of Birth, (Street and Number) 105 Harrison St
5. Full Name of Mother, Sarah Friedlander
6. Mother's Maiden Name, Gortman
7. Mother's Birthplace, Russia
8. Full Name of Father, Nathan Friedlander
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, W. E. Sherman
- Address, 425 Atlantic St
- Remarks,

RETURN OF A BIRTH. 56016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Color
 3. Date of Birth, April 24 1894
 4. Place of Birth, (Street and Number) 831 Remington Ave
 5. Full Name of Mother, Annie E. Price
 6. Mother's Maiden Name, Annie E. Howard
 7. Mother's Birthplace, York Co. Pa
 8. Full Name of Father, Thomas Price
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Anne Arundel Co. Md
 Name of Medical Attendant, or other person who makes this Return, Annie Thompson
 Address, 825 Remington Ave Baltimore
 Remarks,

8 9 4 0 0 0 2 7 8 1

RETURN OF A BIRTH. 56017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 25th 1894

4. Place of Birth, (Street and Number) Jenkins Lane

5. Full Name of Mother, Lattie Becker

6. Mother's Maiden Name, Lattie Grinn

7. Mother's Birthplace, Pa

8. Full Name of Father, Conrad Becker

9. Father's Occupation, Bristol Conbr

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this return, J. H. Hunt

Address, 815

Remarks,

18940002782

RETURN OF A BIRTH. 56618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 6 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 26
 4. Place of Birth, (Street and Number) 1908 Hanover St
 5. Full Name of Mother, Katie Blattenburger
 6. Mother's Maiden Name, Huber
 7. Mother's Birthplace, Balto
 8. Full Name of Father, John Blattenburger
 9. Father's Occupation, Ice packing
 Father's Birthplace, Balto
 Name of Medical Attendant, or other person who makes this Return, Mrs E A Brack
 Address, 1828 York St
 Remarks, Living Well

1 8 9 4 0 0 0 2 7 8 3

RETURN OF A BIRTH. 576019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 26th 1894*
 4. Place of Birth, (Street and Number) *225 S. Bond St.*
 5. Full Name of Mother, *Anne F. Stance*
 6. Mother's Maiden Name, *Siskot*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Dece H. Stance*
 9. Father's Occupation, *Cabinet maker*
 10. Father's Birthplace, *Balro.*
 Name of Medical Attendant, or other person who makes this Return, *S. H. Seldner M. D.*
 Address, *1501 S. Mayor St.*
 Remarks,

1 8 9 4 0 0 0 2 7 8 4

RETURN OF A BIRTH. 56020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26: 94
4. Place of Birth, (Street and Number) 345 - 21st St
5. Full Name of Mother, Mary Hill
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Virginia
8. Full Name of Father, Allen S. Hill (Allen S. Hill)
9. Father's Occupation, Reporter
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, Dr. Williams
- Address, 1128 Cathedral St
- Remarks, _____

1 8 9 4 0 0 0 2 7 8 5

Jeeted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56021
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *22 April*

4. Place of Birth, (Street and Number) *2310 Essex St*

5. Full Name of Mother, *Math. Bellows*

6. Mother's Maiden Name, *Bellman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Bellows*

9. Father's Occupation, *Lab. eln*

10. Father's Birthplace, *Baltu*

Name of Medical Attendant, or other person who makes this Return, *Mrs E. Weiss*

Address,

Remarks, *2524 Lancaster St.*

8940002786

RETURN OF A BIRTH. 56022
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W. White

3. Date of Birth,

April 27

4. Place of Birth, (Street and Number)

15 Union Ave

5. Full Name of Mother,

Elizabeth J Miller

6. Mother's Maiden Name,

Elizabeth Powers

7. Mother's Birthplace,

New York City

8. Full Name of Father,

Adam Miller

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Scotland

Name of Medical Attendant, or other person who makes this Return,

Mrs. Martha A. Foster

Address,

1600 E. Lawrence St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

10040002787

RETURN OF A BIRTH. 56023 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *27 April 1894*

4. Place of Birth, (Street and Number) *1000 Pratt Street*

5. Full Name of Mother, *Lizzie Gollumitch*

6. Mother's Maiden Name, *Russa*

7. Mother's Birthplace, *Alma Gollumitch*

8. Full Name of Father, *Steele*

9. Father's Occupation, *Physician*

10. Father's Birthplace, *Russia*

11. Name of Medical Attendant, *or other person who makes this Return*
72 allendale

Address, *10*

Remarks, *8940002788*

RETURN OF A BIRTH. 56024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, April 28: 94
5. Place of Birth, (Street and Number) Fetter Ave near The Park
6. Full Name of Mother, Minny Carter
7. Mother's Maiden Name, Pinchett
8. Mother's Birthplace, Eastern Shore
9. Full Name of Father, John Carter
10. Father's Occupation, Public Works
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return, J. B. Williams
13. Address, 1128 Cathedral St
14. Remarks,

1 8 9 4 0 0 0 2 7 8 9

any other person or persons who shall neglect to file this return, with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56025-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 28th 94

4. Place of Birth. (Street and Number)

11 N. Bond St

5. Full Name of Mother,

Flora Campbell

6. Mother's Maiden Name,

Sheppard

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Harry R. Cameron

9. Father's Occupation,

Book binder

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return,

S. H. S. Edgar M.D.

Address,

1501 E. N. Ave. Bk

Remarks,

8940002790

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 30 1894

4. Place of Birth, (Street and Number) 487 Hazard Ave

5. Full Name of Mother, Mary Wood

6. Mother's Maiden Name, Primmer

7. Mother's Birthplace, Balto

8. Full Name of Father, Robert W. Wood

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Balto

Name of Medical Attendant, Dr. J. A. Brown

Address, 1411 E. St

Remarks, 8740002791

RETURN OF A BIRTH. 56027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 30th - 94

4. Place of Birth, (Street and Number) 635 Howard St.

5. Full Name of Mother, Julia C. Dwyer

6. Mother's Maiden Name, Hanly

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles A. Dwyer

9. Father's Occupation, Deputy Warden City Jail

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, J. B. Hartman

Address, 815 Jefferson Ave

Remarks,

8 9 4 0 0 0 2 7 9 2

any such person or persons who shall hereafter fail to comply with the regulations of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 56028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard Leonard Krause, 86

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Male

White

Apr. 30th 1894

914 S. Paca St.

Mollie Krause

Spolin

Baltimore

C. Ellsworth Krause

Hatter

Baltimore

R. C. Lee

Honor St. Ch. Berr

8940002793

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 56029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth of tow child

1. Sex, (state whether male or female)

mail

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

30 of apil

4. Place of Birth, (Street and Number)

1333 Carroll Street

5. Full Name of Mother,

Emma Potter

6. Mother's Maiden Name,

Mary Bluter

7. Mother's Birthplace,

born in Baltimore County

8. Full Name of Father,

Beast

9. Father's Occupation,

is hard carder

10. Father's Birthplace,

in for ginner

Name of Medical Attendant, or other person who makes this return

Elven mills

Address,

1428 Carroll Street

Remarks,

She is come on very well

1 8 9 4 0 0 0 2 7 9 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

April 30

711

5. Place of Birth, (Street and Number)

1444 Battery Ave

6. Full Name of Mother,

Ruth Alice Myers

7. Mother's Maiden Name,

W. Harrison

8. Mother's Birthplace,

Orleans

9. Full Name of Father,

Patrick J. Myers

10. Father's Occupation,

Engineer

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs E. H. Bradley

Address,

1828 Light St

Remarks,

Healthy Well

18940002795

RETURN OF A BIRTH. 7031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other person who makes this Return,...

Address,...

Remarks,...

8940002796

any such person or persons who shall hereafter be convicted of any offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Brown*

3. Date of Birth, *April 30 1894*

4. Place of Birth, (Street and Number) *1017 N Durham St*

5. Full Name of Mother, *Francis Hopkins*

6. Mother's Maiden Name, *Francis Bond*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Benjamin Hopkins*

9. Father's Occupation, *Brick yard*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm Paul Forest
715 N Durham St

8440302797

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56034

Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

18940002799

RETURN OF A BIRTH. 6035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be liable to be fined or imprisoned, or both, at the discretion of the Court, and shall be liable to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other person who makes this Return,...

Address,...

Remarks,...

1 8 9 4 0 0 0 2 8 0 0

RETURN OF A BIRTH. 56036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1st 1894

4. Place of Birth, (Street and Number) 1133. Baltimore avenue

5. Name of Mother, Ellen Duden Miller

6. Mother's Maiden Name, Ellen D. Kirkwood

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George W. Miller

9. Father's Occupation, Bellhanger

10. Father's Birthplace, Baltimore Md

11. Name of Medical Attendant, or other person who makes this Return, J. C. Dunsay

12. Address, 1434 Palapico St

13. Remarks,

18940002801

ject to the fine of ten (10) dollars for each of

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10 *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 2 8 0 2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) male

Race or Color, (if not of the white race) colored

Date of Birth May 1 st - 1894

Place of Birth, (Street and Number) Duncan Alley 435

Full Name of Mother William Brown

Mother's Maiden Name Talbot - Co

Mother's Birthplace Charleston

Full Name of Father Tilghman

Father's Occupation Barber

Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return Francis Anderson

Address 15 - McArthur

Remarks 18940002803

within the period above required, except in the case of the mother, who shall be liable to be recovered as other fines and penalties are recovered, for a fine of ten dollars for each offense.

RETURN OF A BIRTH. 56039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)
 1. Sex. (state whether male or female)
 2. Race or Color. (if not of the white race)
 3. Date of Birth.
 4. Place of Birth. (Street and Number)
 5. Full Name of Mother.
 6. Mother's Maiden Name.
 7. Mother's Birthplace.
 8. Full Name of Father.
 9. Father's Occupation.
 10. Father's Birthplace.
 Name of Medical Attendant, or other person who makes this Return.
 Address.
 Remarks.

7
 Female
 White
 May 18
 Cannon St. 734
 Lizzie Jones
 Hilling
 Germany
 Frank Jones
 Laborer
 Baltimore
 Mary Knapka
 6012 Bond St.
 18940002804

RETURN OF A BIRTH. 56040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 1st 1894

4. Place of Birth, (Street and Number)

265 Falls Road

5. Full Name of Mother,

Sallie D. Tyson

6. Mother's Maiden Name,

Sallie

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Grant Tyson

9. Father's Occupation,

Machinist

Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other person who makes this Return,

Morris Shanks M.D.

Address

Cor Woodberry & Parkdale av

VACCINE PHYSICIAN,

Remarks,

18940002805 1st Ward

any such person or persons who shall neglect or fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

Given Name Added.

5/5/61 36041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Elizabeth Johnson Second

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 1st, 1894

4. Place of Birth, (Street and Number) No 842 Hampden St

5. Full Name of Mother, Sarah E. Johnson

6. Mother's Maiden Name, Cornelia

7. Mother's Birthplace, Caroline Co Va

8. Full Name of Father, Henry P. Johnson

9. Father's Occupation, Expressman

10. Father's Birthplace, Columbia S.C.

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, No 1824 Park Ave

Remarks,

18940002806

any other person or persons who may be liable for the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) colored

Date of Birth. May 1st 1894

Place of Birth, (Street and Number) 213 McComb St -

Full Name of Mother. Laura Bassey

Mother's Maiden Name. Ann Rundell

Mother's Birthplace. Ann Gross

Full Name of Father. Laban

Father's Occupation. Ann Rundell

Father's Birthplace. Francis Anderson

Name of Medical Attendant, or other Person who makes this Return 15 McComb St -

Address.

Remarks.

18940002807

any person, for persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 56043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1 1894

4. Place of Birth, (Street and Number) First St. Canton

5. Full Name of Mother, Anna L. Richards

6. Mother's Maiden Name, Winkelman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Matthew Henry Richards

9. Father's Occupation, Timman

10. Father's Birthplace, Wales

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M. D.

Address, 129 S Broadway

Remarks, _____

1 8 9 4 0 0 0 2 8 0 8

RETURN OF A BIRTH. 56044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *female 10th 4 living*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 1st 1894*

4. Place of Birth, (Street and Number) *78 Brick hill Mount Vernon*

5. Full Name of Mother, *Elisabeth Warfield*

6. Mother's Maiden Name, *Mathews*

7. Mother's Birthplace, *Ohio*

8. Full Name of Father, *James C Warfield*

9. Father's Occupation, *tinmer*

10. Father's Birthplace, *Howard Co*

Name of Medical Attendant, or other person who makes this Return, *May a Martin*

Address, *2804 / Cedar avenue*

Remarks, ---

18940002809

GIVEN NAME ADDED 6-1-59
 RETURN OF A BIRTH.

6045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George William Fields

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

2. Sex, (state whether male or female)

White

3. Race or Color, (if not of the white race)

2nd of May 1894

4. Date of Birth,

14 13 8 Gough St

5. Place of Birth, (Street and Number)

Mamie Fields

6. Full Name of Mother,

Mamie Hizer

7. Mother's Maiden Name,

Balt, Md

8. Mother's Birthplace,

William - Fields

9. Full Name of Father,

Plummer

10. Father's Occupation

Balt, Md

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

2024 E Port St

Address,

2024 E Port St

Remarks,

2024 E Port St

RETURN OF A BIRTH 56046 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
 2. Sex, (state whether male or female) Female
 3. Race or Color, (if not of the white race) White
 4. Date of Birth, May 2nd 1894
 5. Place of Birth, (Street and Number) 106 S. Arlington Ave
 6. Full Name of Mother, Ellen Emmert
 7. Mother's Maiden Name, Ellen Henry
 8. Mother's Birthplace, Baltimore
 9. Full Name of Father, Chas. D. Emmert
 10. Father's Occupation, Painter
 11. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, W. C. Sandrak
 Address, 1242 N. Broadway
 Remarks,

18940002811

RETURN OF A BIRTH.

56047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 2 May

4. Place of Birth, (Street and Number)

120 Harrison St

5. Full Name of Mother, Rebecca Tarcher

6. Mother's Maiden Name, Friedensburg

7. Mother's Birthplace, Balt.

8. Full Name of Father, Julius Tarcher

9. Father's Occupation, Laborer

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R. M. Briggs

Address, 1302 E. Lexington St

Remarks, ---

8940002812

RETURN OF A BIRTH. 56048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 2 8 1 3

RETURN OF A BIRTH.

56049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Edward Ramer Eighth
of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 3 - 1894
4. Place of Birth, (Street and Number) 418 Mary St
5. Full Name of Mother, Mary Ramer
6. Mother's Maiden Name, Schwaab
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E. Ramer
9. Father's Occupation, Commercial Traveller
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

John Hoff
York & Lancaster Ave

8940002814

Penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5th Child
1. Sex, (state whether male or female)... Female
2. Race or Color, (if not of the white race)... White
3. Date of Birth... 5th Dec 1899
4. Place of Birth, (Street and Number)... Garrett St. No. 1386
5. Full Name of Mother... Lizzie Kinnell
6. Mother's Maiden Name... Müller
7. Mother's Birthplace... Baltimore
8. Full Name of Father... Thomas Kinnell
9. Father's Occupation... Laborer
10. Father's Birthplace... England
- Name of Medical Attendant, or other person who makes this Return...
- Address...
- Remarks... 18940002815

RETURN OF A BIRTH. 56051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH

56052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th May 1894

4. Place of Birth, (Street and Number) Foster av. 2516

5. Full Name of Mother, Margaret Limbach

6. Mother's Maiden Name, Margaret Sands

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Limbach

9. Father's Occupation, Salvage

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Chiriac

Address, 2438 Canton av.

Remarks, Born at 10 A.M. Died at 1 P.M. May 4th 1894

189400028

For each offense, with the provisions of this section shall be sub-
 jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-17-56
RETURN OF A BIRTH. 56053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara J. Roles
 of (Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Third Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Color*
 3. Date of Birth, *Hidden Moon th 4 1894*
 4. Place of Birth, (Street and Number) *Baltimore Md No 2078 Bethel St*
 5. Full Name of Mother, *Isabella Roles*
 6. Mother's Maiden Name, *Isabella Thomas*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *Edward Roles*
 9. Father's Occupation *Labor Brickmaker*
 10. Father's Birthplace, *Baltimore Md*
 Name of Medical Attendant, or other person who makes this Return, *Georgiana Brooks No 1710 Franklin St*
 Address, _____
 Remarks, *No* *Remarks*
 1 8 9 4 0 0 0 2 3 1 8

RETURN OF A BIRTH.

56654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, Friday 4 May 1894

4. Place of Birth, (Street and Number) Baltimore 1335 Carroll St

5. Full Name of Mother, Annie Wallis

6. Mother's Maiden Name, Lucie Wallis unmarried

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Blacking

9. Father's Occupation, carpenter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Lucie Wallis 1428 E. Wood St

Address, She and Dr. Wallis has bought

Remarks, She is right name has bought

8940002819

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 56055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th of May 1894

4. Place of Birth, (Street and Number) 224 W. Calington ave.

5. Full Name of Mother, Maggie B. Ford

6. Mother's Maiden Name, McDermott

7. Mother's Birthplace, Lawrence, Co. Ark.

8. Full Name of Father, Thomas D. Ford

9. Father's Occupation, Clerk

10. Father's Birthplace, Pittsburg, Pa.

Name of Medical Attendant, or other person who makes this Return, W. A. Thompson

Address, 2024 E. Pratt St.

Remarks, all well

8940007820

THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, IS NOT RESPONSIBLE FOR THE CORRECTNESS OF THE INFORMATION FURNISHED BY THE REGISTRAR.

RETURN OF A BIRTH. 56056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child
 1. Sex, (state whether male or female) Girl
 2. Race or Color, (if not of the white race) White Race
 3. Date of Birth, Born May 4th 1894
 4. Place of Birth, (Street and Number) # 37 Browns Lane
 5. Full Name of Mother, Mrs. Marie Heinlein
 6. Mother's Maiden Name, Weiss " Sebald
 7. Mother's Birthplace, Bayern Germany
 8. Full Name of Father, John Heinlein
 9. Father's Occupation, Blacksmith
 10. ☒ Father's Birthplace, Bayern Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller
 Address, # 2127 W. Pratt St.
 Remarks,

8 9 4 0 0 0 2 8 2 1

RETURN OF A BIRTH.

56057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

No. 124

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

The 7th of May 1894

4. Place of Birth, (Street and Number)

No 125 Somerset St

5. Full Name of Mother,

Lena Bennett

6. Mother's Maiden Name,

Lena Gering

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Schmidt

9. Father's Occupation,

Laber

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Wm. H. Linn

Address,

No 105 9 Maryland Ave

Remarks,

Balt'r 8 9 4 0 0 2 8 2 2

1894

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered for other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

flannel twins

1st child

May 5 1894

327 Hamburg St

Heister Hazel

Hazel

Baltimore

John B. Slana

Hazel

Baltimore

Charles J. Slana

327 Heister

11 8 9 4 0 0 0 2 8 2 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *male 1st*
1. Sex, (state whether male or female). *male*
2. Race or Color, (if not of the white race). *White*
3. Date of Birth, *May 5*
4. Place of Birth, (Street and Number). *835 Columbia Ave*
5. Full Name of Mother, *Ida Green*
6. Mother's Maiden Name, *Ida Brown*
7. Mother's Birthplace, *John B. Green Baltimore*
8. Full Name of Father, *John O. Green*
9. Father's Occupation, *Corn Maker*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *William D. Phipps*
- Address, *689 4th St. Baltimore*
- Remarks, *689 4th St. Baltimore*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940002825

RETURN OF A BIRTH 56061 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 5th 1894

4. Place of Birth, (Street and Number) 1034 Lytle ave

5. Full Name of Mother, Ann E. Lytle

6. Mother's Maiden Name, Lubury

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John J. Lytle

9. Father's Occupation, Bookkeeper

Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person making this Return, James C. Whiteford Md

Address, 59 N. E. St

Remarks, Is quiet

any other person or persons who shall neglect to file this return, or who shall file a false return, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race) ...

3. Date of Birth, ...

4. Place of Birth, (Street and Number) ...

5. Full Name of Mother, ...

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

8. Full Name of Father, ...

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other person who makes this Return, ...

Address, ...

Remarks, ...

8940002827

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 5 1894

4. Place of Birth, (Street and Number) 237 N Patterson Pl Ave

5. Full Name of Mother, Minnie Heuer

6. Mother's Maiden Name, Vaise

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Chas Heuer

9. Father's Occupation, Tin & Sheet Iron Worker

10. Father's Birthplace, Hartford Co Md

Name of Medical Attendant, or other person who makes this Return.

J P Spickard M.D.

Address, 14 N Patterson Pl Ave

Remarks,

18940002828

RETURN OF A BIRTH.

56064

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth May 3/94

4. Place of Birth (Street and Number) 503 Sharp St

5. Full Name of Mother Mary L. Leonard

6. Mother's Maiden Name Mary L. Bennett

7. Mother's Birthplace Baltimore

8. Full Name of Father John Leonard

9. Father's Occupation Carpenter

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. E. McKeague M.D.

Address 407 S. Sharp St

Remarks

8940002829

RETURN OF A BIRTH. 56065- To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 5

4. Place of Birth, (Street and Number) 325 S. Gelmore St

5. Full Name of Mother, Catharine Anna Kintner

6. Mother's Maiden Name, Catharine Benz

7. Mother's Birthplace, Balt md

8. Full Name of Father, Charles Kintner

9. Father's Occupation, Mechanic

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, R. Smith Keady

Address, 325 S. Gelmore St

Remarks,

1 8 9 4 0 0 0 2 8 3 0

RETURN OF A BIRTH.

56066

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Black

3. Date of Birth

May 5th 1894 at 3 a.m.

4. Place of Birth (Street and Number)

1303 Parish alley

5. Full Name of Mother

Estell Adams

6. Mother's Maiden Name

" "

7. Mother's Birthplace

Calvert County Maryland

8. Full Name of Father

The mother claims that it has no father and can't sign

9. Father's Occupation

10. Father's Birthplace

Illegitimate Child

Name of Medical Attendant, or other Person who makes this Return.

C. C. Richardson M.D.

Address

1616 Edmondson Avenue

Remarks

The mother insists that it has no father

8 9 4 0 0 0 2 8 3 1

RETURN OF A BIRTH. 56067 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940002832

RETURN OF A BIRTH

56068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 10th of May
 4. Place of Birth, (Street and Number) Penna Ave No 632
 5. Full Name of Mother, Bertha Schellhas
 6. Mother's Maiden Name, Bertha Wolske
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Charles Schellhas
 9. Father's Occupation, Cigar Manufacturer
☒ Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. Honnelly
 Address, 1635 Little Walsh St
 Remarks, None
 18940002833

For each offense, to be recovered as other fines and forfeitures are recoverable, ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

ans
56069

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: *Gustav Alexander Rasch*
No. of Child of Mother, (state whether 1st, 2nd, 3rd, etc.) *First*

1. Sex (state whether Male ~~Female~~) *a Male*
2. Race or Color (if not of the white race) *White*

3. Date of Birth *May 6th 1894*

4. Place of Birth (Street and Number) *#1300 W. Franklin St.*

5. Full Name of Mother *Elizabeth Rasch*

6. Mother's Maiden Name *Chesley*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Wm. G. Rasch*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Baltimore - Md.*

Name of Medical Attendant, or other Person who makes this Return. *J. Ridgely Hammond M.D.*

Address *#502 R. Carey St.*

Remarks

18940002834

RETURN OF A BIRTH. 56070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 16

1. Sex, (state whether male or female)...

White Female

2. Race or Color, (if not of the white race)...

3. Date of Birth,

May 6th 1894

4. Place of Birth, (Street and Number)...

Carroll Ave 921

5. Full Name of Mother,

Mary E Calvert

6. Mother's Maiden Name,

Mary E Beard

7. Mother's Birthplace,

St Marys Co

8. Full Name of Father,

Joseph B Calvert

9. Father's Occupation,

Granite Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Ediebeth Wicks

Address,

Carroll Baltimore

Remarks,

18940002835

RETURN OF A BIRTH. 56071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3)

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

Colored

Date of Birth

May 6 1894

Place of Birth, (Street and Number)

585 Oxford Street

Full Name of Mother

Harrett Woodrums

Mother's Maiden Name

Harrett Woodrums

Mother's Birthplace

S. A. County Ind

Full Name of Father

Do not know

Father's Occupation

Do not know

Father's Birthplace

Do not know

Name of Medical Attendant

or other person who makes this Return

J. M. George, M.D.

Address

430 W. 3rd St

Remarks

18940002836

RETURN OF A BIRTH. 56072 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) (5th) Fifth
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) (White)
4. Date of Birth, May 6th 1894
5. Place of Birth, (Street and Number) 445 - N. Cadogan St
6. Full Name of Mother, Ida Matilda Cadogan
7. Mother's Maiden Name, Ida Matilda Cadogan
8. Mother's Birthplace, York Pa
9. Full Name of Father, John Franklin Cadogan
10. Father's Occupation, Machinist
11. Father's Birthplace, Warford County W. Va
- Name of Medical Attendant, or other person who makes this Return, J. H. Hume
- Address, 212 W. Franklin St
- Remarks,

18940002837

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

May 6, 1894

4. Place of Birth, (Street and Number)

831 W. Lombard

5. Full Name of Mother,

Mrs. Eliz. Beyer

6. Mother's Maiden Name,

Mrs. J. Beyer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Mr. Louis Beyer

9. Father's Occupation,

Solicitor

10. Father's Birthplace,

May.

Name of Medical Attendant,

or other Person who makes this Return

John C. Hemminger

Address,

17 34 Linden Ave

Remarks,

1 6 9 4 0 0 0 2 8 3 8

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

7 8 9 4 0 0 0 2 8 3 9

RETURN OF A BIRTH.

56075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 Child*
 1. Sex, (state whether male or female) *Boy & Girl*
 2. Race or Color, (if not of the white race) *White Race*
 3. Date of Birth, *Born May 6th 1894*
 4. Place of Birth, (Street and Number) *#1727 Lennon Str*
 5. Full Name of Mother, *Mrs. Marie Zimmer*
 6. Mother's Maiden Name, *Miss "Dreschler"*
 7. Mother's Birthplace, *Prussia Germany*
 8. Full Name of Father, *Frederick Zimmer*
 9. Father's Occupation, *Shoemaker*
 10. Father's Birthplace, *Wintenberg, Germany*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Miller*
 Address, *#2127 W. Pratt Str*
 Remarks,

18940002840

RETURN OF A BIRTH.

56076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, May 6/94
 4. Place of Birth, (Street and Number) 537 S. Chapel St.
 5. Full Name of Mother, Catherine Kaufman
 6. Mother's Maiden Name, Catherine Minick
 7. Mother's Birthplace, Balto
 8. Full Name of Father, John Kaufman
 9. Father's Occupation, Can. Maker
 10. Father's Birthplace, Balto
 Name of Medical Attendant, or other person who makes this Return, Mary C. Perry
 Address, 1903 Doreagh St.
 Remarks, 1 8 9 4 0 0 0 2 8 4 1

RETURN OF A BIRTH.

56077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)..... *Female* *Birth. Twene*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth..... *May 6 1894*
4. Place of Birth, (Street and Number)..... *Bond St 842*
5. Full Name of Mother, *Phila Milenavish*
6. Mother's Maiden Name, *" Hankovishka*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *Mikhail Milenavish*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Poland*
11. Name of Medical Attendant, or other person who makes this Return, *Mary Krzyke*
- Address, *602 Bond St.*
- Remarks, _____

1 8 9 4 0 0 0 2 8 4 2

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. May 6th
4. Place of Birth, (Street and Number) 1102 Sun St. 1913
5. Full Name of Mother, Mary Kuchinski
6. Mother's Maiden Name, Murdock
7. Mother's Birthplace, Poland
8. Full Name of Father, Kasimir Kuchinski
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other person who makes this Return, Mary Kroz
- Address, 602 Bond St.
- Remarks, 8940002843

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56079 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 7 1894

4. Place of Birth, (Street and Number) No 1400 Catapiscus st

5. Full Name of Mother, Charlotte Schular

6. Mother's Maiden Name, Charlotte Parks

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, Joseph Schular

9. Father's Occupation, Gas Fitter and plumber

10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hinton

Address, No 1336 Hanover st

Remarks, _____

1 8 9 4 0 0 0 2 8 4 4

RETURN OF A BIRTH 56080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rejected to the line of ten (10) dollars for each offense, to be recovered as other lines and forfeitures are recoverable.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 7th 94

4. Place of Birth, (Street and Number)

1222 Foster Alley

5. Full Name of Mother,

Margaret Magruder

6. Mother's Maiden Name,

Same

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Not given

9. Father's Occupation,

☒ Father's Birthplace,

Albert K. Hadel md

Name of Medical Attendant, or other person who makes this Return.

1143 Park Ave

Address,

Remarks,

8 9 4 0 0 0 2 8 4 5

RETURN OF A BIRTH. 56081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *color*

3. Date of Birth, *May 7. 1894*

4. Place of Birth, (Street and Number) *Cleveland St. 1336*

5. Full Name of Mother, *Priscella Efford Milliable*

6. Mother's Maiden Name, *Priscella Efford*

7. Mother's Birthplace, *Ann Arundel County*

8. Full Name of Father, *Char. Milliable*

9. Father's Occupation, *laboring man*

10. Father's Birthplace, *St Mary County*

Name of Medical Attendant, or other person who makes this Return, *Miss Mill*

Address, *1428 Carroll St*

Remarks, *she is coming on very well.*

10002846

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 56082.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, May 7th 1894
 4. Place of Birth, (Street and Number) 2513 Lancaster St Balto Md
 5. Full Name of Mother, Mary Anne Hamburg
 6. Mother's Maiden Name, Merrick
 7. Mother's Birthplace, Wicomico County Md
 8. Full Name of Father, Levin James Hamburg
 9. Father's Occupation, Mariner
 10. Father's Birthplace, Wicomico County Md
 Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor.
 Address, 615 S Patterson Plk Ave's Md.
 Remarks, _____

18940002847

RETURN OF A BIRTH. 56013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.
 1. Sex, (state whether male or female) Male.
 2. Race or Color, (if not of the white race) Colored.
 3. Date of Birth, May 7th.
 4. Place of Birth, (Street and Number) Baltimore, 1620 Vincent st.
 5. Full Name of Mother, Annie Franier
 6. Mother's Maiden Name, Annie Tyler
 7. Mother's Birthplace, Calvert county
 8. Full Name of Father, John Tyler
 9. Father's Occupation, Laboring
 10. Father's Birthplace, Ann. A. S. County
 Name of Medical Attendant, or other person who makes this Return, Sarah Rollins
 Address, 1610 Vincent street.
 Remarks, 18940002848

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56084

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 8/94

4. Place of Birth (Street and Number)

513 S. Howard St

5. Full Name of Mother

Mary Lily Kneeling

6. Mother's Maiden Name

May L. Shenton

7. Mother's Birthplace

Exeter Co Me

8. Full Name of Father

Henry L. Kneeling

9. Father's Occupation

Lithographer

10. Father's Birthplace

Balto city

Name of Medical Attendant, or other Person who makes this Return.

E. J. M. M. M. M.

Address

407 Sharp St

Remarks

8940002849

RETURN OF A BIRTH. 56085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)...

First Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,...

May 8th

4. Place of Birth, (Street and Number)...

804 W. Gay St

5. Full Name of Mother,...

Margaret R. Lamb

6. Mother's Maiden Name,...

" " Murphy

7. Mother's Birthplace,...

Baltimore

8. Full Name of Father,...

Louis Lamb

9. Father's Occupation,...

Saloon Keeper

10. Father's Birthplace,...

Germany

Name of Medical Attendant, or other person who makes this Return,...

Mrs. Cunningham Doehrs

Address,...

44 Valley Street

Remarks,...

18940002850

RETURN OF A BIRTH 56086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Neg. on skin*

3. Date of Birth, *Eighth of May*

4. Place of Birth, (Street and Number) *Wilmore ave 1528*

5. Full Name of Mother, *Eda Slaughter*

6. Mother's Maiden Name, *Ide Slaughter*

7. Mother's Birthplace, *City of Baltimore*

8. Full Name of Father, *James Benet*

9. Father's Occupation, *labour*

10. Father's Birthplace, *Harrisburg Pa*

Name of Medical Attendant, or other person who makes this Return. *none*

Address, *Lydia Somerville*

Remarks, *it lived near 20 minutes*

A.C. Taylor under taken 6/4 Bkln St. Slade & Busab Balto Co and

Jeeted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Recorded to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether ~~male~~ or female) _____
2. Race or Color, (if not of the white race) Col
3. Date of Birth, May 8th 1894
4. Place of Birth, (Street and Number) 424 W. Hamby St.
5. Full Name of Mother, Lucy Tyson
6. Mother's Maiden Name, Booth
7. Mother's Birthplace, W. Va.
8. Full Name of Father, Geo. Tyson
9. Father's Occupation, Laborer
10. Father's Birthplace, Md.
- Name of Medical Attendant, or other person who makes this Return, May X Smith
- Address, 333 W. Hamby St.
- Remarks, _____

1 8 9 4 0 0 0 2 8 5 2

RETURN OF A BIRTH. 56088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

For each line a fee of ten (10) cents is charged, to be recovered as of fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8 / 94
4. Place of Birth, (Street and Number) 33 Little Front Street Balt
5. Full Name of Mother, Lara Davidson
6. Mother's Maiden Name, Lara Stineborg
7. Mother's Birthplace, Russia
8. Full Name of Father, Michael Davidson
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, Mrs Lena Butler
- Address, 117 E York Street Balt
- Remarks, 18940002853

RETURN OF A BIRTH

56089

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd*
 Sex, (state whether male or female) *Female*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *May 8 1894*
 Place of Birth, (Street and Number) *1524 N. Fulton St.*
 Full Name of Mother, *Mrs. E. Bowie Dorsey Griffith*
 Mother's Maiden Name, *Griffith*
 Mother's Birthplace, *Ind.*
 Full Name of Father, *John A. Dorsey*
 Father's Occupation, *Farmer*
 Father's Birthplace, *Ind.*
 Name of Medical Attendant, *H. P. Hill M.D.*
 or other Person who makes this Return
 Address, *1001 Ed. Ave.*
 Remarks.

8940003854

RETURN OF A BIRTH.

GIVEN NAME ADDED, 9/11/61

56090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clare Corp
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8 1994

4. Place of Birth, (Street and Number) 503 N Gay St

5. Full Name of Mother, Albora Corp

6. Mother's Maiden Name, Albora Bororko

7. Mother's Birthplace, Canton, Pa

8. Full Name of Father, Samson Corp

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Canton, Pa

Name of Medical Attendant, Dr. J. W. Lubchansky
or other person who makes this return.

Address, 22 N. Dexter St, City

Remarks, 8440002855

RETURN OF A BIRTH. 56091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child.

1. Sex, (state whether male or female).

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

9th May.

4. Place of Birth, (Street and Number)

1245 E. Edger st.

5. Full Name of Mother,

Mary L. Lohr.

6. Mother's Maiden Name,

Mary L. Horstmann.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Fredrick Lohr.

9. Father's Occupation,

Blacksmith.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Bleach.

Address,

Emmett st. near Green.

Remarks,

8940002856

RETURN OF A BIRTH. 56092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 9/94

4. Place of Birth, (Street and Number) 2026 Eastern Ave

5. Full Name of Mother, Elmira Edier

6. Mother's Maiden Name, Elmira Albert

7. Mother's Birthplace, Balto

8. Full Name of Father, McCarroll Edier

9. Father's Occupation, Can maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary C. Peregoy

Address, 1908 Gough St

Remarks, _____

8 9 4 0 0 0 2 8 5 7

RETURN OF A BIRTH ⁵⁶⁰⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9th 1894
4. Place of Birth, (Street and Number) 2111 E Baltimore St
5. Full Name of Mother, Kate Hammit
6. Mother's Maiden Name, Barnes
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, John Hammit
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore Md.
Name of Medical Attendant, D. W. Catherin M.D.
or other Person who makes this Return.
Address, 1308 N. Charles St
Remarks,

1 8 9 4 0 0 0 2 8 5 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2nd

1. Sex, (state whether male or female)... Female

2. Race or Color, (if not of the white race)... White

3. Date of Birth, 9th day

4. Place of Birth, (Street and Number)... The N. Ward (Street)

5. Full Name of Mother, Elizabeth Paul (Street)

6. Mother's Maiden Name, Levenson

7. Mother's Birthplace, Port of Spain

8. Full Name of Father, John A. (Street) Street

9. Father's Occupation, Merchant

10. Father's Birthplace, Port of Spain

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Thompson

Address, 224 E. Pratt St.

Remarks, Name of child: Sarah E. Street

8740007859

RETURN OF A BIRTH. 56095 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

W.

3. Date of Birth

May 9 1904

4. Place of Birth, (Street and Number)

1602 Regester

5. Full Name of Mother

Ida Appel

6. Mother's Maiden Name

Berndt

7. Mother's Birthplace

Germany

8. Full Name of Father

Bernhardt Appel

9. Father's Occupation

File Rooming

10. Father's Birthplace

Germany

Name of Medical Attendant, or other person who makes this return

Wm J. Watson

Address

1519 Broadway

Remarks

18940002860

any such person or persons who shall be convicted of this offense shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH 56096

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
Sex ☒ male
Race or Color, (if not of the white race) White
Date of Birth, May 9/94
Place of Birth, (Street and Number) 840 W Lexington
Full Name of Mother, Mrs Eliza ~~Johnson~~ Nickales
Mother's Maiden Name, Roll
Mother's Birthplace, City
Full Name of Father, Mrs Mr Nickales
Father's Occupation, Stable man
Father's Birthplace, City Md
Name of Medical Attendant, or other Person who makes this Return J. H. Hill M.D.
Address,
Remarks,

8940202861

RETURN OF A BIRTH. 56097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (~~if not~~ of the white race)

3. Date of Birth, May 9th 1894

4. Place of Birth, (Street and Number) 1232 Division St

5. Full Name of Mother, Henry Ann Linn

6. Mother's Maiden Name, O'Connor

7. Mother's Birthplace, County Sligo Ireland

8. Full Name of Father, Peter Joseph Linn

9. Father's Occupation, Painter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliot C Price M.D.

Address, 453 Madison Ave

Remarks,

8940002862

any such person or persons who shall hereafter be found guilty of the offense of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Male* *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 9th*
4. Place of Birth, (Street and Number) *2221 Canton Ave*
5. Full Name of Mother, *Louise Zimmerman*
6. Mother's Maiden Name, *Louise Hallie*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Zimmerman*
9. Father's Occupation, *Cane Maker*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Anselia J. Sommers*
- Address, *611 Patterson Park Ave*
- Remarks,

1 8 9 4 0 0 0 2 8 6 3

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Noted to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, 9 / Mar / 1894
 4. Place of Birth, (Street and Number) 12 Bell St
 5. Full Name of Mother, Lizzie Fisher
 6. Mother's Maiden Name, Henry
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Philip Fisher
 9. Father's Occupation, carpenter
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross
 Address, 1417 E. Myrtle St.
 Remarks, _____

8 9 4 0 0 0 2 8 6 4

RETURN OF A BIRTH. 56100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)..... 4.
 2. Race or Color, (if not of the white race)..... Girl.
 3. Date of Birth,..... white.
 4. Place of Birth, (Street and Number)..... 9. May.
 5. Full Name of Mother,..... N. 1806. Fairmount Ave.
 6. Mother's Maiden Name,..... Annie Müller.
 7. Mother's Birthplace,..... Annie Kirtel.
 8. Full Name of Father,..... Germany.
 9. Father's Occupation,..... John Müller.
 10. Father's Birthplace,..... Laborer.
 Name of Medical Attendant, or other person who makes this Return,..... Germany.
 Address,..... Mary Ellen.
 Remarks,..... N. 1933. Fairmount.

1 8 9 4 0 0 2 8 6 5

RETURN OF A BIRTH. 56101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, May 10th 94.

5. Place of Birth, (Street and Number) #1003 W. Fayette St.

6. Full Name of Mother, Mary Christopher

7. Mother's Maiden Name, Mary Norton

8. Mother's Birthplace, Baltimore, Md.

9. Full Name of Father, William P. Christopher

10. Father's Occupation, Grocery salesman

11. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, William C. White, M.D.

Address, 1703 W. Fayette St.

Remarks, _____

1 8 9 4 0 0 0 2 8 6 6

GIVEN NAME ADDED 10-28-57
 RETURN OF A BIRTH. 56152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clarence Theodore Koehler
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, May-10-1894
 4. Place of Birth, (Street and Number) 619 N. Washington St
 5. Full Name of Mother, Maggie H. Koehler
 6. Mother's Maiden Name, " " Kratzer
 7. Mother's Birthplace, City
 8. Full Name of Father, Frederick C. Koehler
 9. Father's Occupation, Installment House
 10. Father's Birthplace, City
 Name of Medical Attendant, or other person who makes this return, J. G. Dauschm
 Address, 1729 E. Balto. St.
 Remarks,

8 9 4 0 0 0 2 8 6 7

RETURN OF A BIRTH.

56163.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 10/94

4. Place of Birth (Street and Number)

808 Sharp St-

5. Full Name of Mother

Annie Belle Moore

6. Mother's Maiden Name

Annie Belle Donis

7. Mother's Birthplace

Virginia

8. Full Name of Father

Henry B. Moore

9. Father's Occupation

Salesman

10. Father's Birthplace

Balto city

Name of Medical Attendant, or other Person who makes this Return.

E. Michener M.D.

Address

407 Sharp St-

Remarks

18940002868

RETURN OF A BIRTH. 56164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH.

36165-

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *May 10th 1894*

4. Place of Birth (Street and Number) *Belifton "Estate"*

5. Full Name of Mother *Mary Huff*

6. Mother's Maiden Name *Margaret Culverworth*

7. Mother's Birthplace *Charleston Jeff. Co. W. Va.*

8. Full Name of Father *John W. Huff*

9. Father's Occupation *Farmer*

10. Father's Birthplace *Charleston Jeff. Co. W. Va.*

Name of Medical Attendant, or other Person who makes this Return. *W. D. George M.D.*

Address *Jardenville*

Remarks *Salta Co*

1894 0002870

GIVEN NAME ADDED 7-10-59 56106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d Robert Clappett

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth May 10th, 1894 at 8⁴⁰ P.M.

4. Place of Birth, (Street and Number) 1431 McCulloch St

5. Full Name of Mother, Cornelia Ewing Clappett

6. Mother's Maiden Name, Cornelia Ewing

7. Mother's Birthplace, Bloomington, Illinois

8. Full Name of Father, Frederick A. William Clappett

9. Father's Occupation, Telegraphman (Prot. Epis.)

Father's Birthplace, Waterford, Ireland

Name of Medical Attendant, E. G. Waters
or other Person who makes this Return.

Address, 1439 McCulloch St.

Remarks (Father's father the present U. S. Minister to Belgium, & his mother Vice President of the United States)

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56107 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1d

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... White

3. Date of Birth... 7th of May 1879

4. Place of Birth, (Street and Number)... 1314 Carey St.

5. Full Name of Mother... Magdalena Kelly

6. Mother's Maiden Name... Magdalena Kelly

7. Mother's Birthplace... Baltimore

8. Full Name of Father... John Kelly

Father's Occupation... Farmer

9. Father's Birthplace... Baltimore

Name of Medical Attendant, or other person who makes this Return... Mrs. Christina Gauer

Address... 1329 Maryland Ave

Remarks... Md City

8940002872

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

● *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Name of Medical Attendant, or other person who makes this Return, _____
Address, Maria E. Cas 1322 No. Elderly Str

Remarks.

8 9 4 0 0 0 2 8 7 3

RETURN OF A BIRTH. 56109.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *May 11 1894*
 4. Place of Birth, (Street and Number) *430 E. 3rd St.*
 5. Full Name of Mother, *Laura M. Brooks*
 6. Mother's Maiden Name, *Upton*
 7. Mother's Birthplace, *A. A. Co. Md.*
 8. Full Name of Father, *John M. Brooks*
 9. Father's Occupation *Paper Hanger*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Robt. C. Scheidt M.D.*
 Address, *1450 Riverside Ave.*
 Remarks,

18940002874

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940002875

RETURN OF A BIRTH. 56111 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, May the 11.

4. Place of Birth, (Street and Number) Baltimore Andrews No 7

5. Full Name of Mother, Alvertia Payne

6. Mother's Maiden Name, Alvertia Buckhawan

7. Mother's Birthplace, Hearford county md

8. Full Name of Father, John Payne

9. Father's Occupation, public works

10. Father's Birthplace, hanover county Va

Name of Medical Attendant, or other person who makes this Return, docty jame geary

Address, 310 3rd St

Remarks, 6 4 0 0 0 2 8 7 6

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

56112

No. of Child of Mother, 6-

Color, *White*

May 11

Birth, *920 Sanatunga*

Name of Mother *Mrs. Henry Holman*

s Maiden Name, *Just*

s Birthplace, *City*

Name of Father, *Henry J. Holman*

Occupation, *Exp. man*

s Birthplace, *City*

Hill m d,

Ed. m.

1 8 9 4 0 0 0 2 8 7 7

RETURN OF A BIRTH.

56113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female). *Male*
2. Race or Color, (if not of the white race).
3. Date of Birth, *11 of May 1874*
4. Place of Birth, (Street and Number). *407 2nd St*
5. Full Name of Mother, *Anna Kasse*
6. Mother's Maiden Name, *Rizzenberg*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *George Kasse*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Miss A. Jones*
- Address, *177 G. Monument St*
- Remarks,

1 8 9 4 0 0 0 2 8 7 8

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

57114 1-31-57
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940002879

RETURN OF A BIRTH. 56115-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May Saturday 12th 1894

4. Place of Birth, (Street and Number) 915 N E Chapple

5. Full Name of Mother, Sally Keys

6. Mother's Maiden Name, Sally Surton

7. Mother's Birthplace, Baltimore City Md.

8. Full Name of Father, Joshua Keys

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return, Eudelia Stovara

Address, 1013 N E Chapple Street

Remarks, C

16940002880

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 2th 1894.

4. Place of Birth, (Street and Number)

12762 Boston St. Baltimore

5. Full Name of Mother,

Bety Andrews.

6. Mother's Maiden Name,

Bety Betsy

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John Andrews.

9. Father's Occupation,

Car Driver.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Mary M. Taylor.

Address,

615 J. Patterson Pl. Ave.

Remarks,

18940002881

RETURN OF A BIRTH.

GIVEN NAME ADDED

10-11-56 56117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen May Bill

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, May 12 94

4. Place of Birth, (Street and Number) 812 S. Marlinton St.

5. Full Name of Mother, Mrs. Louise Nikolaich Bill

6. Mother's Maiden Name, Bill

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, George Walter May Bill

9. Father's Occupation, Photographer

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, G. C. Hunt, M.D.

Address, 2000 E. Baltimore St.

Remarks, Natural delivery

8 9 4 0 0 2 8 8 2

RETURN OF A BIRTH. 56118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 2 8 8 3 1111

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First one
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Brown skin
 3. Date of Birth, 12th May 1894
 4. Place of Birth, (Street and Number) Lemon Aly No 15-11
 5. Full Name of Mother, Laura Brown
 6. Mother's Maiden Name, Laura McMahon
 7. Mother's Birthplace, Eastern Shore
 8. Full Name of Father, John Brown
 9. Father's Occupation, Baltimore County
 Father's Birthplace, he works at home
 Name of Medical Attendant, Lydia Samuels
 Address, Clinton av
 Remarks,

1 8 9 4 0 0 0 2 8 8 4

RETURN OF A BIRTH.

56150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (Twins)

1. Sex, (state whether male or female)...

Male.

2. Race or Color, (if not of the white race)...

White

3. Date of Birth.

May 12 1894

4. Place of Birth, (Street and Number)...

St. Ann's Ave. No. 18.

5. Full Name of Mother.

Ida Victoria Palmer

6. Mother's Maiden Name.

Ida

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Joseph Greenwood Palmer

9. Father's Occupation.

Assistant on the Boat.

10. Father's Birthplace.

N. J.

Name of Medical Attendant, or other person who makes this Return.

Dr. W. P. Jones

Address,

Cor. Greenwood and Preston St.

Remarks,

18940002885

Any person who neglects to report a birth as required by the provisions of this section shall be liable to a fine of not more than \$100 and to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH. 56/21

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1
Male

White

May 12/94

2010 McCallow St

Rosa Wolf

Lanphild

Glasgow Missouri

Samuel Wolf

Manufacturer of Pantaloon

Baltimore

Thomas Opie M.D.

219 H. Monument St.

18940002886

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 12th 94

4. Place of Birth, (Street and Number)

1300 Jefferson Alley

5. Full Name of Mother,

Margaret Batty

6. Mother's Maiden Name,

Margaret Lewis

7. Mother's Birthplace,

W Virginia

8. Full Name of Father,

Joseph Batty

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

A. K. Haddad M D

Address,

1148 Park Ave

Remarks,

Ballo Md

18940002887

RETURN OF A BIRTH.

56123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 12th 1894

4. Place of Birth, (Street and Number) 1687 Carey St

5. Full Name of Mother, Mathie Milhovich

6. Mother's Maiden Name, Mathie Daughton

7. Mother's Birthplace, London, England

8. Full Name of Father, Friederich Milhovich

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Shockney

Address, 731 Cumberland St

Remarks, 18940002888

GIVEN NAME ADDED 1-5-60
RETURN OF A BIRTH.

56154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Ashkan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Mar 12 1894*

4. Place of Birth, (Street and Number) *500 Lisquith st*

5. Full Name of Mother, *Debora Ashkan*

6. Mother's Maiden Name, *Debora Abramowitz*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Adolph Ashkan*

9. Father's Occupation, *Locksmith*

10. Father's Birthplace, *Austria*

Name of Medical Attendant, or other person who makes this Return,

Maria Elias 1232 No. Eday St.

Address, *1497*

Remarks, *1497*

8 4 4 0 0 0 2 8 8 9

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, May 12th 1894
 4. Place of Birth, (Street and Number) 216 W. Franklin St
 5. Full Name of Mother, Mary E. Diehl
 6. Mother's Maiden Name, " " Fremin
 7. Mother's Birthplace, France
 8. Full Name of Father, John Diehl
 9. Father's Occupation, Barber
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Frank W. Gorman M.D.
 Address, 322 N. Greene St
 Remarks, 18940002890

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) Second
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) Colored
 Date of Birth, May 12th 94 About 12.45- Sat night
 Place of Birth, (Street and Number) 1228 Jefferson St.
 Full Name of Mother, Virginia Pauline Thomas
 Mother's Maiden Name, Virginia Pauline Ballard
 Mother's Birthplace, Baltimore City, Md
 Full Name of Father, Joseph Hiram Thomas
 Father's Occupation, Public Printer
 Father's Birthplace, Baltimore County Md
 Name of Medical Attendant, or other person who makes this Return, Mrs Myers
 Address, 413 E. St. Monument St.
 Remarks, 18940002891

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56127 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-7 child

1. Sex, (state whether male or female) Male and Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 of May 1894

4. Place of Birth, (Street and Number) 2328 Monument st.

5. Full Name of Mother, Kate Jensen

6. Mother's Maiden Name, Jorgensen

7. Mother's Birthplace, Norway

8. Full Name of Father, George Jensen

9. Father's Occupation, Mechanic

10. Father's Birthplace, Norway

Name of Medical Attendant, or other person who makes this Return, M. L. Green

Address, 1917 Monument st

Remarks,

8940002892

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines, and forfeitures are recoverable.

RETURN OF A BIRTH. 56128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *May 18*

4. Place of Birth, (Street and Number) *Baltimore 14 19*

5. Full Name of Mother, *Ann Harmon*

6. Mother's Maiden Name, *Ann Wilson*

7. Mother's Birthplace, *Yall ans Co Md*

8. Full Name of Father, *Joseph Harmon*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Wor Certes Co Md*

Name of Medical Attendant, or other person who makes this Return, *George and Brook*

Address, *17 51*

Remarks, *lived 5 mins after birth*

any person neglecting or refusing to file a return as required by law, shall be liable to a fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56/29

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Francis Joseph Ruth* / *St.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 13 / 94*

4. Place of Birth, (Street and Number) *2410 E. Fayette*

5. Full Name of Mother, *Alice A. Ruth*

6. Mother's Maiden Name, *Edison*

7. Mother's Birthplace, *Somerset Co. Md.*

8. Full Name of Father, *Ed. J. Ruth*

9. Father's Occupation, *Letter Carrier*


10. Father's Birthplace, *B. E.*


Name of Medical Attendant, or other person who makes this Return, *Geo. L. Williams*

Address, *117 N. Broadway*

Remarks, *6940002894*

RETURN OF A BIRTH. 56/30

To the Office  Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother,  (state whether 1st, 2d, 3d, &c.)
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, May 13th 1904
- Place of Birth, (Street and Number) 1035 McLough St.
- Full Name of Mother, Amelia Hammack
- Mother's Maiden Name, Ed.
- Mother's Birthplace, Balto. County
- Full Name of Father, Wm. Hammack
- Father's Occupation, Labourer
- Father's Birthplace, Balto. City
- Name of Medical Attendant, Dr. Wright 1018 W. St. or other person who makes this Return,
- Address, _____
- Remarks, _____

1 8 9 4 0 0 0 2 8 9 5

Jeeted to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56/31

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 13 / 94

4. Place of Birth, (Street and Number) North Ave near Wm. R.R.

5. Full Name of Mother, Mrs. Alice Johnson

6. Mother's Maiden Name, Morrison

7. Mother's Birthplace, Va.
8. Full Name of Father, Geo. Johnson

9. Father's Occupation, Builder

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return H. F. Hill M.D.

Address, 1007 Ed. Ave.

Remarks,

8940002898

RETURN OF A BIRTH 56132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 6 child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 May

4. Place of Birth, (Street and Number)

1539 Sigysleawt

5. Full Name of Mother,

Johanna Walsh

6. Mother's Maiden Name,

Johanna Sllivas

7. Mother's Birthplace,

iland

8. Full Name of Father,

David C Walsh

9. Father's Occupation,

Letter Carrier

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Donly

Address,

1635 Walsh St

Remarks,

Non

18940002897

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56/33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name- Alberta Gertrude Hinkle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Col.

Date of Birth, May 13/90

Place of Birth, (Street and Number) 2608 Stephen St.

Full Name of Mother, Mrs Maggie Hinkle

Mother's Maiden Name, Maggie Schroeder

Mother's Birthplace, Balt., Md.

Full Name of Father, Henry Hinkle

Father's Occupation, Labored

Father's Birthplace, Balt., Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2505 Penna. Cor.

Remarks, _____

1 8 9 4 0 0 0 2 8 9 8

and if returned with the fee of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sex of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

May 13th 1894

Place of Birth, (Street and Number)

Full Name of Mother,

Mary McQuillan

Mother's Maiden Name,

Mother's Birthplace,

Balto.

Full Name of Father,

Hugh McQuillan

Father's Occupation,

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

State Registry

8940002899

RETURN OF A BIRTH. 56/35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

13 May 1894

3. Date of Birth,

1209 Madison Ave.

4. Place of Birth, (Street and Number)

Theresa Strauss

5. Full Name of Mother,

Huttyler

6. Mother's Maiden Name,

Balt.

7. Mother's Birthplace,

Isaac Strauss Jr.

8. Full Name of Father,

Merchant

9. Father's Occupation,

Balt.

Father's Birthplace,

Whitman

Name of Medical Attendant, or other person who makes this Return.

1008 Mad. Ave.

Address,

Remarks,

18940002900

RETURN OF A BIRTH, 56/36

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth May 13th 1894

4. Place of Birth, (Street and Number) 503 N. Stricker St

5. Full Name of Mother Bettie Caulk

6. Mother's Maiden Name Bettie Marley

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Edward A Caulk

9. Father's Occupation Steamboat Captain

10. Father's Birthplace Talbot Co. Md

Name of Medical Attendant, or other Person who makes this Return. Amanda J. Horn, M.D.

Address 871 Harlem Ave

Remarks

1 8 9 4 0 0 0 2 9 0 1

RETURN OF A BIRTH. 56137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Lux child.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *May 18. 1894.*
4. Place of Birth, (Street and Number) *412 Short St Baltimore M.D.*
5. Full Name of Mother, *Lucindy Griffen*
6. Mother's Maiden Name, *Lucindy Williams.*
7. Mother's Birthplace, *Tappahannock Essex Co Va.*
8. Full Name of Father, *Edger Griffen.*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Lancaster Co Va.*
- Name of Medical Attendant, *Elizabeth Monahan,* or other person who makes this Return.
- Address, *No 26 South Bethel St Baltimore M.D.*
- Remarks,

18940002902

GIVEN NAME ADDED *10-4-54*
 RETURN OF A BIRTH. *56138*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Benjamin Harry Rosenberg
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *13 of May 1894*
4. Place of Birth, (Street and Number) *1212 E. Engle Ave. St.*
5. Full Name of Mother, *Machle Rosenberg*
6. Mother's Maiden Name, *Safets*
7. Mother's Birthplace, *Russia Maskva*
8. Full Name of Father, *Lui Rosenberg*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Russia Hirsch*
- Name of Medical Attendant, or other person who makes this Return, *Hinder M.D.*
- Address, *143 N. Grant St.*
- Remarks, *8940002903*

any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *7th*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 13th 1894*

4. Place of Birth, (Street and Number) *1428 Linden*

5. Full Name of Mother, *Mary Eliza Newell*

6. Mother's Maiden Name, *Dunbar*

7. Mother's Birthplace, *Lebanon*

8. Full Name of Father, *William R. Newell*

9. Father's Occupation, *Superintendent of Bell Line Terminal*

10. Father's Birthplace, *Lebanon*

11. Name of Medical Attendant, or other person who makes this return, *W. M. McQueen*

12. Address, *1428 Linden*

Remarks, *The mother was only six months advanced in pregnancy when the birth occurred*

RETURN OF A BIRTH. 56/40

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father,*

3. *Father's Occupation*

4. Father's Birthplace

Name of Medical Attendant. or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 2 9 0 5

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten to one hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

3^d

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

May 14 / 94

4. Place of Birth, (Street and Number)...

412 S Sharp St

5. Full Name of Mother,

Maggie Smith

6. Mother's Maiden Name,

" Hammond

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Geoffrey A Smith

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other person who makes this Return,

James O'Neil M.D.

Address,

219 W. Monument St

Remarks,

1 8 9 4 0 0 0 2 9 0 6

RETURN OF A BIRTH.

56142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 14 1884*
4. Place of Birth, (Street and Number) *Bell Street Homestead (No Number or house)*
5. Full Name of Mother, *Florence Kinnear*
6. Mother's Maiden Name, *Ohle*
7. Mother's Birthplace, *Baltimore Co Md*
8. Full Name of Father, *William H. Kinnear*
9. Father's Occupation, *Shoe*
10. Father's Birthplace, *Baltimore Co Md*
- Name of Medical Attendant, or other person who makes this Return, *Young Matthews Jr D*
- Address, *227 Concord Avenue*
- Remarks, _____

18940002907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this act shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female). *male*
2. Race or Color, (if not of the white race). *white*
3. Date of Birth, *May 14th 1894*
4. Place of Birth, (Street and Number). *714 N. Filmore St*
5. Full Name of Mother, *Sarah S. Jane Miles*
6. Mother's Maiden Name, *Burke*
7. Mother's Birthplace, *Balto. City*
8. Full Name of Father, *J. Hamilton Miles*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Balto. City*
- Name of Medical Attendant, or other person who makes this Return, *Harvey Willard*
- Address, *857 N. Asington Ave*
- Remarks, _____

18940002908

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 2 9 0 9

RETURN OF A BIRTH. 56145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 14/94*

4. Place of Birth, (Street and Number) *1803 Coates Ave*

5. Full Name of Mother, *Maddeline Smithe*

6. Mother's Maiden Name, *Maddeline Apple*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Louis Smith*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *May, B. P. P. P.*

Address, *1903 Long St*

Remarks,

18740002910

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *March 14th*
 4. Place of Birth, (Street and Number) *1031 Wilkes Ave.*
 5. Full Name of Mother, *Margaret A. Ribert*
 6. Mother's Maiden Name, *Margaret A. Ribert*
 7. Mother's Birthplace, *Lucas Ave. Maryland*
 8. Full Name of Father, *John M. Ribert*
 9. Father's Occupation, *Baltimore*
 10. Father's Birthplace, *Crofton Ave.*
 Name of Medical Attendant, or other person who makes this Return, *Marion J. Fossitt*
 Address, *612 W. Bepko St.*
 Remarks, *No.*

8740002911

Child, or person, or persona who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 14/24

4. Place of Birth, (Street and Number) 1009 South St

5. Full Name of Mother, Lie Doksitch

6. Mother's Maiden Name, Lie Kervansky

7. Mother's Birthplace, Russia

8. Full Name of Father, Mendel Doksitch

9. Father's Occupation, Shoe Maker

Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return,

Address, Yette Glazarsky

Remarks, 1022 E. Lombard St.

8 9 4 0 0 0 2 9 1 2

GIVEN NAME ADDED 7-26-55

RETURN OF A BIRTH. 56148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence A. Lucas

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 14 1894*

4. Place of Birth, (Street and Number) *1502 Boyle st.*

5. Full Name of Mother, *Kate B. Lucas*

6. Mother's Maiden Name, *" " Banner*

7. Mother's Birthplace, *St. Louis, Mo.*

8. Full Name of Father, *Charles A. Lucas*

9. Father's Occupation, *Painter*

Father's Birthplace, *St. Michaels, Md.*

Name of Medical Attendant, or other person who makes this Return, *Robert C. Schmidt M.D.*

Address, *1458 Wisconsin Ave.*

Remarks, _____

1 8 9 4 0 0 0 2 9 1 3

Any child born or person whose name is recorded in this book who is not registered to the law of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as of other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

May 14, 1914

3. Date of Birth,

1833 Linden St.

4. Place of Birth, (Street and Number)

Laura Gutmacher

5. Full Name of Mother,

6. Mother's Maiden Name,

Eastman

7. Mother's Birthplace,

Abraham Gutmacher

8. Full Name of Father,

Preacher

9. Father's Occupation

Germany

10. Father's Birthplace,

St. of Archman

Name of Medical Attendant, or other person who makes this Return,

1601 Linden St.

Address,

Remarks,

1 8 9 4 0 0 0 2 9 1 4

RETURN OF A BIRTH. 56150 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) f.

2. Race or Color, (if not of the white race) W.

3. Date of Birth, May 15th

4. Place of Birth, (Street and Number) 1518 Durham St.

5. Full Name of Mother, Elizabeth Mumma

6. Mother's Maiden Name, " Bowers

7. Mother's Birthplace, Balto Co.

8. Full Name of Father, Wm Mumma

9. Father's Occupation, Carpenter

Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1519 Broadway

Remarks, 1 8 9 4 0 0 0 2 9 1 5

child to report its birth to the Commissioner of Health, or the Registrar and will not be liable for any fine or penalty if it is found that the provisions of this section shall be complied with. Any person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

May

15th

4. Place of Birth, (Street and Number)

Cleveland st - 1358

5. Full Name of Mother,

Georgiana Jolly

6. Mother's Maiden Name,

Dorsey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm T Jolly

9. Father's Occupation,

labor

Father's Birthplace,

Dorchester co Ind

Name of Medical Attendant, or other person who makes this Return,

Louvenne Mills

Address,

1428 Carroll st

Remarks,

are Doing very well

8940002916

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons as shall register in compliance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

May 15th 1894

5. Place of Birth, (Street and Number)

836 N. Gilmore St.

6. Full Name of Mother,

Teresa B. Schmidt

7. Mother's Maiden Name,

Teresa Baker

8. Mother's Birthplace,

Balto. Md.

9. Full Name of Father,

Charles Schmidt

10. Father's Occupation,

Doughnut

11. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other person who makes this Return,

Harvey Hillman

Address,

207 N. Arlington Ave

Remarks,

Full name of child added by Uncle Mr. Ernest Baker

8940002917

unapplying for a Transcript. He had known personally by us

Ernest Baker (son)

uncle

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

56/53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner provided by law, and who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

May 15th 94

4. Place of Birth, (Street and Number)

823 N Gay St.

5. Full Name of Mother,

Lidia C McQue

6. Mother's Maiden Name,

" C Stambaugh

7. Mother's Birthplace,

East Berlin Pa

8. Full Name of Father,

Path McQue

9. Father's Occupation,

Barber

10. Father's Birthplace,

Autieried Carbon Co Pa

Name of Medical Attendant, or other person who makes this Return.

R. J. Davis M.D.

Address,

1507 N Caroline St

Remarks,

1 8 9 4 U 0 0 2 9 1 8

RETURN OF A BIRTH.

56154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child is reported to have been born in Baltimore City, and the birth is reported to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, by the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

May 15 (94.
562 W. Lexington St.
Louise Stueckach.
Louise Hoffman.
Bohemia.
Adolph Stueckach.
Salesman.
Bohemia.
John J. S. Stueckach, Jr.
562 W. Lexington St.

8940002919

RETURN OF A BIRTH.

56155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 15 1894

4. Place of Birth, (Street and Number) 303 South High St.

5. Full Name of Mother, Sarah Goldin

6. Mother's Maiden Name, Sarah Rachmale

7. Mother's Birthplace, Russia

8. Full Name of Father, Ike Goldin

9. Father's Occupation, Wreck Tie

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Yette Glanvinsky

Address, 102 E. Lombard St.

Remarks, 18940002920

RETURN OF A BIRTH.

56156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

15th May 1894.

5. Place of Birth, (Street and Number)

Garrett St. No. 1004.

6. Full Name of Mother,

Anna Maria Schubert

7. Mother's Maiden Name,

Anna Maria Kirsch

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Ernst Schubert

10. Father's Occupation

Traveler

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Lizzie Schaeffler

Address,

Fort St. No. 1708.

Remarks,

18940002921

RETURN OF A BIRTH.

56157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *May 16 1894*
5. Place of Birth, (Street and Number) *2105 Panover St*
6. Full Name of Mother, *Eliza Horton*
7. Mother's Maiden Name, *Mary Benges*
8. Mother's Birthplace, *Baltimore Md*
9. Full Name of Father, *William S. Horton*
10. Father's Occupation, *Labor*
11. Father's Birthplace, *Baltimore Md*
12. Name of Medical Attendant, or other person who makes this Return, *Ellenora A. Anderson*
13. Address, *1434 Patuxent St*
14. Remarks,

18940002922

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) White

4. Date of Birth, 16. Dec. 1911

5. Place of Birth, (Street and Number) East E. 10. 26

6. Full Name of Mother, Mari Fagel

7. Mother's Maiden Name, Piegle

8. Mother's Birthplace, Germanian

9. Full Name of Father, Adam Fagel

10. Father's Occupation, West German

11. Father's Birthplace, Germanian

Name of Medical Attendant, or other person who makes this Return,

Address, Haroline Schwegel East E. 10. 26

Remarks, 18940002923

RETURN OF A BIRTH. 57/59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 10th 1894

4. Place of Birth, (Street and Number) 2112 Etting St

5. Full Name of Mother, Mary E. Chase

6. Mother's Maiden Name, Gross

7. Mother's Birthplace, Friedrich Md

8. Full Name of Father, Henry E. Chase

9. Father's Occupation, Rail Road Porter

10. Father's Birthplace, Friedrich Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave

Remarks, 8 4 4 0 0 0 3 9 2 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendant upon the mother, immediately thereafter, it shall become the duty of the person or persons of the child to report its birth in the manner and within the period above provided, and the person or persons shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Third

Male

White

May 16th 1894

4744 E Federal St.

Hattie Lassiter

Virginia

Julius M. Lassiter

Insurance Agent

Virginia

J. Maxwell Marshall

1701 N. Caroline St

(Mrs. Hubbard nurse)

8940002925

GIVEN NAME ADDED 3-13-57
RETURN OF A BIRTH. 56161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Charles Adelthardt

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

16 May 1894

4. Place of Birth, (Street and Number)

N 245 Wolfe Street

5. Full Name of Mother,

Bregita Adelthardt

6. Mother's Maiden Name,

Bregita Schütz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Mikael Adelthardt

9. Father's Occupation,

Laborman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mary Kloss

Address,

N 1933 Fairmount St.

Remarks,

8940002926

attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, or any such person or persons authorized by him, or to the Registrar of Births, and for each failure to do so, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Adam Geyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 16th 1894*

4. Place of Birth, (Street and Number) *222 South Monument Ave.*

5. Full Name of Mother, *Louisa Geyer*

6. Mother's Maiden Name, *Louisa Macke*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *John J. Geyer*

9. Father's Occupation, *Music Teacher*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other person who makes this Return, *Addison C. Fox M.D.*

Address, *1205 W. Fayette Street*

Remarks, *GIVEN NAME ADDED 4-5-54*

h.m.
1 8 9 4 0 0 2 9 2 7

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Attendance upon the mother, immediately thereafter, if it should become necessary, shall be provided for by the Board of Health, and the cost thereof shall be paid by the mother. If the mother fails to provide for the same, the Board of Health may cause such person or persons to be arrested, and the cost thereof shall be paid by the Board of Health. If the mother fails to provide for the same, the Board of Health may cause such person or persons to be arrested, and the cost thereof shall be paid by the Board of Health. If the mother fails to provide for the same, the Board of Health may cause such person or persons to be arrested, and the cost thereof shall be paid by the Board of Health.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) Light brown skin
 3. Date of Birth, 16th of May 1894
 4. Place of Birth, (Street and Number) Dolphin St. No. 8
 5. Full Name of Mother, Louisa Linda
 6. Mother's Maiden Name, Louisa Bradford
 7. Mother's Birthplace, West Va
 8. Full Name of Father, Josh Linda
 9. Father's Occupation, Water
 10. Father's Birthplace, Saint Mary's County
 Name of Medical Attendant, or other person who makes this Return Ldia Somerville
 Address, Clinton ave
 Remarks,

1 8 9 4 0 0 0 2 9 2 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any child born or person who shall be under full to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6. Child
Girl

1. Sex, (state whether male or female)

White Race

2. Race or Color, (if not of the white race)

Born May 16th 1894

3. Date of Birth,

2125

4. Place of Birth, (Street and Number)

Wilhelm Str

5. Full Name of Mother,

Mrs. Albina. Lehnies

6. Mother's Maiden Name,

Miss. " Shultz

7. Mother's Birthplace,

Bayern, Germany

8. Full Name of Father,

Adam Lehnies.

9. Father's Occupation,

Butcher

Father's Birthplace,

Bayern Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Hiller

Address,

2127. W. Pratt Str

Remarks,

18940002929

RETURN OF A BIRTH. 56165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May '794*

4. Place of Birth, (Street and Number) *8128 Sumner St.*

5. Full Name of Mother, *Bosa Miller*

6. Mother's Maiden Name, *Bosa Wolpert*

7. Mother's Birthplace, *Barisk Russia*

8. Full Name of Father, *Wolfe Miller*

9. Father's Occupation, *Miller*

10. Father's Birthplace, *Barisk Russia*

Name of Medical Attendant, or other person who makes this Return.

Address, *Yetta Clavinsky*

Remarks, *10226 Sumner St.*

8940002930

RETURN OF A BIRTH.

56166

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8940002931

name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *two*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *May 17 1894*

4. Place of Birth, (Street and Number) *924 Gordon st Balto*

5. Full Name of Mother, *Florence Dyer*

6. Mother's Maiden Name, *Florence Dyer*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *William Dyer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other person who makes this Return, *Mary Ann Mason*

Address, *537 Walnut ally*

Remarks, _____

1 8 9 4 0 0 0 2 9 3 2

Attendance upon the mother, immediately preceding, during, and following the birth of the child, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be liable to a fine of not less than five nor more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 17, 1894

4. Place of Birth, (Street and Number)

820 Jackson's Court

5. Full Name of Mother,

Martha Bennett

6. Mother's Maiden Name,

Gipferman

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

6 Frank Bennett

9. Father's Occupation

Bricklayer

10. Father's Birthplace,

Balto.

Name of Medical Attendant,

or other person who makes this Return,

L. Woodward

Address,

Remarks,

939 Mt. Airy St. S.

8940002933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth May 17th 1894

4. Place of Birth (Street and Number) 925 13th St

5. Full Name of Mother Harriet J. Berry

6. Mother's Maiden Name Harriet J. Berry

7. Mother's Birthplace Baltimore

8. Full Name of Father George Berry

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Secoursy

Address 211 E. ...

Remarks This child

name of the mother of such child or children.

1 8 9 4 0 0 0 2 9 3 4

RETURN OF A BIRTH. 561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *As one*

Sex, (state whether male or female). *Male*

Race or Color, (if not of the white race). *Colored*

Date of Birth. *May 17th 1894*

Place of Birth, (Street and Number). *646 Sarah Ann Street*

Full Name of Mother. *Amie E. Page*

Mother's Maiden Name. *Amie E. Page*

Mother's Birthplace. *Baltimore Md*

Full Name of Father. *Do not know*

Father's Occupation. *Do not know*

Father's Birthplace. *Do not know*

Name of Medical Attendant, or other person who makes this Return. *Dr. Benjamin W. Biddle*

Address. *230 W Biddle Street*

Remarks.

1 8 9 4 0 0 0 2 9 3 5

RETURN OF A BIRTH.

56181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *May 18, 1894*
 4. Place of Birth, (Street and Number) *604 Patterson Park Ave*
 5. Full Name of Mother, *Wilhelmina Sargent*
 6. Mother's Maiden Name, *Parker*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *William A. Parker*
 9. Father's Occupation, *laboring*
 10. Father's Birthplace, *Baltimore Md*
 Name of Medical Attendant, or other person who makes this Return, *Sargant & Johns*
 Address, *29 Patterson Ave*
 Remarks, _____

18940002936

RETURN OF A BIRTH.

56172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *May 18th 11²⁵ A.M. 1894*

4. Place of Birth (Street and Number) *943 V Chester St*

5. Full Name of Mother *Christina Bell*

6. Mother's Maiden Name *Le Ernest*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Edwin Augusta Bell*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *James E Drvinelle M.D.*

Address *1701 Balt. St East*

Remarks

1 8 9 4 0 0 0 2 9 3 7

RETURN OF A BIRTH. 561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*—

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

1 8 9 4 0 0 0 2 9 3 8

Attendance upon the mother, immediately thereafter, and become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child male*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *3rd May 1894*
4. Place of Birth, (Street and Number) *1434 Block St.*
5. Full Name of Mother, *Lucretia Queen Porter*
6. Mother's Maiden Name, *Lucretia Queen*
7. Mother's Birthplace, *Balto. Co.*
8. Full Name of Father, *Amos Porter*
9. Father's Occupation, *Laundryman*
10. Father's Birthplace, *Wilmingtn N. C.*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Susan Hooper*
Address, *123 St. Lawrence St.*
Remarks, _____

18940002939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-
 1. Sex, (state whether male or female), male
 2. Race or Color, (if not of the white race), white
 3. Date of Birth, May 19 - 1894
 4. Place of Birth, (Street and Number), 503 N. Collington Ave
 5. Full Name of Mother, Mary E. Ritter
 6. Mother's Maiden Name, " " Owens
 7. Mother's Birthplace, City
 8. Full Name of Father, Joseph Ritter
 9. Father's Occupation, Canner
 10. Father's Birthplace, City
 Name of Medical Attendant, or other person who made this Return, P. G. Dausch
 Address, 1729 E. Balto. St.

Remarks

Address, _____
Remarks, The above was a premature birth betw. 6 & 7 mos.
and ~~may also be reported by Mrs. Dickinson~~ ~~a midwife~~
who attended the case

GIVEN NAME ADDED. 8-11-59
 RETURN OF A BIRTH. 56176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
 56176

Irma E. Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 2 9 4 1

shall occur without the assistance of a physician, or other person, who shall immediately thereafter report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, in the city or town where the child was born, within the time specified in the schedule, and the practitioner shall be liable to a fine of ten dollars for each failure to be received as aforesaid, and the said schedule shall be retained by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each failure, to be recovered as other fines and forfeitures are recoverable.

1894 6 RETURN OF A BIRTH. 56190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 21-1894
4. Place of Birth, (Street and Number) 2009 Fairmount St
5. Full Name of Mother, Savara L. Colabaugh
6. Mother's Maiden Name, " " Weaver
7. Mother's Birthplace, Buckeystown Frederick Co. Md
8. Full Name of Father, Frank J. Colabaugh
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Middleburg Calvert Co. Md.
- Name of Medical Attendant, or other person who makes this Return, J. P. C. Danzsch
- Address, 1729 E. Baltw. st.
- Remarks, _____

18940002942

Penalty on each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Drucilla Irene Bowling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

May 22 - 1894

4. Place of Birth, (Street and Number)

116 S. Washington St.

5. Full Name of Mother,

Florence O. Bowling

6. Mother's Maiden Name,

"

"

Townsend

7. Mother's Birthplace,

City

8. Full Name of Father,

Henry Vaughn Bowling

9. Father's Occupation,

Painter

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return,

P. C. Laurence

Address,

1729 E. Baltimore St.

Remarks,

OTHER NAME ASSED.

4-8-53

18940002943

RETURN OF A BIRTH.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)-----Female

2. Race or Color, (if not of the white race) - White

3. Date of Birth, May 22 - 94

3. Date of Birth, May 27
4. Place of Birth, (Street and Number) 242 N. Cassellton and
3rd St. W. Va.

5. Full Name of Mother, Bessie Watts
Heller

5. Full Name of Mother, Anna
6. Mother's Maiden Name, Bell City Ill.

6. Mother's Maiden Name, Baltz City Waltham

7. Mother's Birthplace,
8. Full Name of Father, August A. Walter
Libson

8. Full Name of Father, George L. Lohman
9. Father's Occupation Electrician

9. Father's Occupation.....
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Name of Medical Attendant, or other person, W. J. MacCall
makes this Return.

Address, 412 J. P. Case

Address, _____

Remarks, _____

8 9 4 0 0 0 2 9 4 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 22nd 1874*

4. Place of Birth, (Street and Number) *1132 N. Baltimore St*

5. Full Name of Mother, *Uttie Pearl Overcast*

6. Mother's Maiden Name, *Uttie Pearl Overcast*

7. Mother's Birthplace, *Petersburg, Virginia*

8. Full Name of Father, *William Barron Overcast*

9. Father's Occupation, *Book*

10. Father's Birthplace, *Mathews County, Virginia*

Name of Medical Attendant, *or other person who makes this Return, C. C. Overcast*

Address, *1132 N. Baltimore St*

Remarks, *1 8 9 4 0 0 0 2 9 4 5*

1 8 9 4 0 0 0 2 9 4 5

RETURN OF A BIRTH 56195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name, 11*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 118 E. Franklin St.
Remarks

Remarks,

[illegible]

RETURN OF A BIRTH. 58197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May - 7 - 1894
4. Place of Birth, (Street and Number) 5-09 Myrtle - St -
5. Full Name of Mother, Harriet - Howard
6. Mother's Maiden Name, Harriet - Green
7. Mother's Birthplace, Howard - County
8. Full Name of Father, Moses - Howard
9. Father's Occupation, House in a livery stable
10. Father's Birthplace, Howard, Co.

Name of Medical Attendant, or other person who makes this Return, Mary, C. Jones

Address, 1121, Saratoga, St.

Remarks, _____

18940002949

been collected, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the mother, or some other person, shall be liable to a fine of ten dollars for each and every such person or persons who shall hereafter fail to comply with the provisions of this section above required, and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*
1. Sex, (state whether male or female)... *Female*
2. Race or Color, (if not of the white race)... *Negro.*
3. Date of Birth, *May 2, '94*
4. Place of Birth, (Street and Number) *311 State Street*
5. Full Name of Mother, *Jennie Thompson*
6. Mother's Maiden Name, *Jennie Thompson*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Edward Benson*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Talbot Co. Md. Eastern Shore*
Name of Medical Attendant, *Lucie Eaton M.D.*
or other person who makes this Return.
Address, *Hospital, Good Samaritan*
Remarks, *Hoffman & McLaughlin St.*

8 9 4 0 0 0 2 9 5 0

RETURN OF A BIRTH. 56200
Board of Health, Baltimore City.

56200

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Land

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1st, 2d, 3d, &c. (state whether male or female)...

Second

1. Sex, (state whether male or female)...

Male

1. Sex, (state whether male or female)
2. Race or Color, if not of the white race.

W. L. Hite

3. *Date of Birth.*

May 3

1894

4. Place of Birth, (Street and Number).....

Pinckney St No 1159

5. Full Name of Mother,

Mary Liff
Mary

6. *Mother's Maiden Name,*

Mary Klappenberger
Baltimore Md.

7. *Mother's Birthplace.*—

Baltimore Md.

8. Full Name of Father, -

Frank Lifer St

9. *Father's Occupation*—

Stone Cutter

10. *Father's Birthplace,*

Emergency

Name of Medical Attendant.

or other person who makes this Return.

Mrs. Bange

711 N. Cross st

Address.

Remarks,

8 9 4 0 0 0 2 9 5 2

any such child to the due of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and have been duly recorded in the birth record book, and the certificate between the first and third child of the mother shall occur without the intervention of any other person, or without no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child.*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *white.*
3. Date of Birth, *Third of May.*
4. Place of Birth, (Street and Number) *134 S. Biddleton St.*
5. Full Name of Mother, *Lina Selenberg.*
6. Mother's Maiden Name, *Lina Hesterberg.*
7. Mother's Birthplace, *Germanie.*
8. Full Name of Father, *Henry Selenberg.*
9. Father's Occupation, *Beer Saloon.*
10. Father's Birthplace, *Germanie.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Bangs*
- Address, *711 N. Green St.*
- Remarks,

8940002953

been conferred) its sex, color, the full name of the child, the date and place of birth, and the name of the father and mother, and the name of the practitioner in the form of a certificate between the first and said certificate shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur within the month of January and every month to the office of the Commissioner of Health, or the practitioner of midwifery, or the person or persons of such attendance upon the mother, immediately after the birth of the child, and within the period above required, and child to report in person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-5-59
RETURN OF A BIRTH. 56302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Miriam Mitnick 5th
No. of Child of Mother, (state whether 1st, 2d, 3d; &c.)
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *May 2/94*
4. Place of Birth, (Street and Number) *630 N Broadway*
5. Full Name of Mother, *Helenetta Mitnick*
6. Mother's Maiden Name, *" Erlanger*
7. Mother's Birthplace, *12 ally*
8. Full Name of Father, *Joseph S. Mitnick*
9. Father's Occupation, *Bookkeeper*
10. Father's Birthplace, *New York City*
Name of Medical Attendant, or other person who makes this Return, *Edward J. Midgley*
Address, *208 Carroll St.*
Remarks,

1 8 9 4 0 0 0 2 9 5 4

RETURN OF A BIRTH. 56303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 4 1894

4. Place of Birth, (Street and Number) 301 East St

5. Full Name of Mother, Caroline Silberman

6. Mother's Maiden Name, Bukner

7. Mother's Birthplace, Europe

8. Full Name of Father, Abraham Silberman

9. Father's Occupation, Europe

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter Str

Remarks, 8940002955

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth, and the third schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third and fourth months to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately hereafter it shall become the duty of the person or persons attending upon the mother to report its birth to the Commissioner of Health. In the manner and within the period above stated, and subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1-23-55
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Esther Steinberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 9, 1898*

4. Place of Birth, (Street and Number) *618 Fayette*

5. Full Name of Mother, *Elka Steinberg*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Max Steinberg*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other person who makes this Return, *Mrs. C. Bernstein*

Address, *122 S. Euter St.*

Remarks, _____

18940002956

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)...6th

1. Sex, (state whether male or female)..... *female*

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 4, 1874

4. Place of Birth, (Street and Number)..... 1172 Cedar St. 20

5. Full Name of Mother, James M. Moore

6. *Mother's Maiden Name,*

7. Mother's Birthplace, *London, England*

8. Full Name of Father,

9. Father's Occupation

30. Further to the employee, name _____
 31. of _____
 32. a 36. Signed: _____ or other person who _____
 33. _____
 34. _____
 35. _____

Name of Medical Attendant, or other person who makes this Return, Wm. C. O'Connell

Address, 126 W. Cedar St.

Remarks, 1 8 9 4 0 0 0 2 9 5 7

shall be conferred in the next color, the full name and occupation of its parents, the date and place of birth; and the date of birth shall be colored differently signed by the practitioner in the form of a certificate bearing the first and last name of each, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report its birth to the Commissioner of Health. In the summer and winter months the child shall be colored red, and in the summer and winter months the child shall be colored blue. In this section shall be authorized that any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the time specified in this section, by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3rd~~ &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth, May 4 - 1894

4. Place of Birth, (Street and Number) 405 N. Lexington Ave

5. Full Name of Mother, Meli Schmarz -

6. Mother's Maiden Name, " Hermann

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Fred Schmarz -

9. Father's Occupation, Book-keeper

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or the person who makes this Return, Geo. F. Taylor M.D.

Address, 1254 E. Broadway

Remarks, (

18940002958

RETURN OF A BIRTH. 56207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....3.

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race).

3. Date of Birth, May 4.

4. Place of Birth, (Street and Number) 312 W. Holman Street

5. Full Name of Mother, *Ms Emilia Tink*

6. Mother's Maiden Name, Emilia Goff

7. Mother's Birthplace, Vienna, Austria

8. Full Name of Father, Edward King

9. Father's Occupation.....Cook

10. Father's Birthplace, Stasbourg (now. Lorraine)

Name of Medical Attendant, or other person who makes this Return, Mrs. Maria Serrault

Address, 312 W. Hoffman Street.

Remarks,

8 9 4 0 0 0 2 9 5 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Thomas Edward Chaney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Feb. 28 - 1892

4. Place of Birth (Street and Number)

803 Stackholme St.

5. Full Name of Mother

Alice Chaney

6. Mother's Maiden Name

Alice Chaney

7. Mother's Birthplace

Virginia

8. Full Name of Father

John Chaney

9. Father's Occupation

Fireman, on a steamer

10. Father's Birthplace

Pa.

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

1 6 7 4 0 0 0 2 9 6 0

RETURN OF A BIRTH. 56208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 6

1. Sex, (state whether male or female). male

2. Race or Color, (if not of the white race) — white

3. Date of Birth, 6th May

4. Place of Birth, (Street and Number) 6672 St. Peter Street

5. Full Name of Mother, Johanna H. Kegan

6. Mother's Maiden Name, Johnnie Ann Miller

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, Wm. H. McFarland

9. Father's Occupation..... *General*
Retired

10. Father's Birthplace: Delaware
 11. Name of Attendant or other person who attended birth: Mrs Bancee

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Cross st

1 8 9 4 0 0 0 2 9 6 1

[illegible]

RETURN OF A BIRTH. 56209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 May

4. Place of Birth, (Street and Number) 23 Wyler st

5. Full Name of Mother, Sera Borlatz

6. Mother's Maiden Name, " " Rusak

7. Mother's Birthplace, Poland

8. Full Name of Father, John Borlatz

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Miss Bangs

Address, 711 Cross st

Remarks,

18940002962

RETURN OF A BIRTH

ENTER NAME INDEXED 11-20-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ellen Frances Jubb

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (12)

1. Sex, (state whether male or female). female White
2. Race or Color, (if not of the white race).
3. Date of Birth. 24 May, 1894
4. Place of Birth, (Street and Number). 717 Ramey Street Baltimore
5. Full Name of Mother. Mary Alice Jubb
6. Mother's Maiden Name. Mary A Hancock
7. Mother's Birthplace. Baltimore
8. Full Name of Father. Charles Perry Jubb
9. Father's Occupation. Laborer
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return

Address, . . .

Remarks,

8 9 4 0 0 0 2 9 6 3

RETURN OF A BIRTH. 56211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May - 9 = 1894
4. Place of Birth, (Street and Number) 1361 N. hah. coat. St.
5. Full Name of Mother, Annie Williams Astlin
6. Mother's Maiden Name, Annie Williams
7. Mother's Birthplace, Minshers, Va.
8. Full Name of Father, William H. Astlin
9. Father's Occupation, Mailman
10. Father's Birthplace, Baltimore, City
- Name of Medical Attendant, or other person who makes this Return, Mary C. Jones
- Address, 1121, Saratoga St. N.E.
- Remarks, 18940002964

Each schedule shall be delivered, duly signed by the practitioner in the form and to the effect hereon provided, to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within three days of each and every month to the office of Registrar of Vital Statistics, Board of Health, Baltimore City, or practitioner of midwifery, or should no other person be in attendance upon the birth, to the Commissioner of Health, in the manner and to the effect hereon provided, and the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any child born in this city, the full name and occupation of its parents, the date and place of birth, and the sex, color, the date and place of birth, and the name of the first and second parents, and the name of the child, shall be reported to the office of the Commissioner of Health, in case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child, or of the person or persons who shall hereafter fail to comply with the provisions of this chapter, and any such person or persons who shall hereafter fail to comply with the provisions of this chapter, shall be liable to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May-8-1894
4. Place of Birth, (Street and Number) 1017-Prigon-Ally
5. Full Name of Mother, Lippie-Thomas
6. Mother's Maiden Name, Lippie Thomas
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. William Thomas
9. Father's Occupation, Trailer
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, May-C-Jones
- Address, 1121 Saratoga St.
- Remarks,

18940002965

the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and the person who shall occur without the attendance of a physician hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Saturday May 12th*
4. Place of Birth, (Street and Number) *821 Cross St.*
5. Full Name of Mother, *Nettie C. Stallings*
6. Mother's Maiden Name, *Nettie C. Bloomfield*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Edw. Stallings*
9. Father's Occupation, *Stone Moulder*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Bangs*
Address, *711 N. E. 20th St.*
Remarks, ...

1 8 9 4 0 0 0 2 9 6 6

RETURN OF A BIRTH. 56276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (4) Child

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother.*

6. *Mother's Maiden Name*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 4 4 0 0 0 2 9 6 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female).

2. Race or Color. (if not of the white race).

3. Date of Birth.

4. Place of Birth. (Street and Number).

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

18940002970

any such person or persons shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, May 16th 94
 4. Place of Birth, (Street and Number) 1403. Canal Cr. Preston
 5. Full Name of Mother, Annie Watten
 6. Mother's Maiden Name, Annie Thiell
 7. Mother's Birthplace, Baltimore Md
 8. Full Name of Father, William Thiell
 9. Father's Occupation, Machinist
 10. Father's Birthplace, New York City
 Name of Medical Attendant, or other person who makes this Return, Thomas J. Simmons M.D.
 Address, 1025 N. Wolfe St
 Remarks,

1 8 9 4 0 0 0 2 9 7 1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks.

по замеч.

8 9 4 0 0 0 2 9 7 2

Each certificate shall be delivered, duly signed by the parents, the date and place of birth, and the name of the physician or practitioner of health, or of the stationer or other person first mentioned in the third section of this act, and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth, in the manner and within the period above required, and the Commissioner of Health, if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures recoverable.

RETURN OF A BIRTH. 56220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 1/2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 17th 1924

4. Place of Birth, (Street and Number)

514 Mulberry St. City

5. Full Name of Mother,

Mrs. Madeline S. Sisk

6. Mother's Maiden Name,

"L. L." Miller

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John S. Sisk

9. Father's Occupation,

Confector

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Susan Sisk

Address,

2301 Poplar St. City

Remarks,

18940002973

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, in which case the birth of any child to report its birth to the Commissioner of Health, in the case of any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any person who shall have
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
attend without the attendance of a physician or practitioner of midwifery, or should no other person be in
child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, such
may such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 May

4. Place of Birth, (Street and Number) 2107 N. Eddy

5. Full Name of Mother, Fredericks Sanger

6. Mother's Maiden Name, Linnertzogt

7. Mother's Birthplace, Germany

8. Full Name of Father, George Sanger

9. Father's Occupation, shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, John E. Sanger

Address, 119 1907 E. Monument St

Remarks,

18940002974

said certificate shall be delivered, duly signed by the parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the birth of such child, the person or persons who shall be present at the birth, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 17 - 1894
4. Place of Birth, (Street and Number) 644 West Canway St City
5. Full Name of Mother, Elizabeth M. Mackin
6. Mother's Maiden Name, Elizabeth Holman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Walter Carwell M. Mackin
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Mrs. Bangs
- Address, 711 W. Cross St
- Remarks, ...

18940002975

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13 Day of May 1894*

4. Place of Birth, (Street and Number) *Baltimore Md 1148 West Lombart st*

5. Full Name of Mother, *Maggie J. M^{rs} Devitt*

6. Mother's Maiden Name, *Maggie J. Ross*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Bernard J. M^{rs} Devitt*

9. Father's Occupation, *Steam Baker*

10. Father's Birthplace, *Philadelphia Pa*

Name of Medical Attendant, or other person who makes this Return, *Mrs Hunter*

Address, *234*

Remarks, *234*

8 9 4 0 0 0 2 9 7 6

RETURN OF A BIRTH. 57226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation*10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 2 9 7 7

RETURN OF A BIRTH. 56223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex. (state whether male or female). female
white

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 28 1915 Eastern Ave

4. Place of Birth, (Street and Number) Lusayya Bendile

5. Full Name of Mother, Johnnie Mae

6. Mother's Maiden Name, *Italy*

7. Mother's Birthplace, Swendone, Leicestershire

8. Full Name of Father, Lebanon

9. Father's Occupation..... Italy.....

10. Father's Birthplace _____ or other person who _____
Hans E. Bensheim

Name of Medical Attendant, or other person who makes this Return, Wm. C. Carter
192 S. Exeter St.

Address. _____

Remarks, 8940002978

[illegible]

RETURN OF A BIRTH. 56226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. May 21st 1871.

4. Place of Birth, (Street and Number) ⁸756 George St Baltimore Md

5. Full Name of Mother, Ida Jane Medinger

6. Mother's Maiden Name, Kaul

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, William H. Medinger

9. Father's Occupation, Clerk

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *John H. Smith*

Address, _____
Remarks, _____

Remarks,

8 9 4 0 0 0 2 9 7 9

[illegible]

RETURN OF A BIRTH 56227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

[illegible]

8 9 4 0 0 0 2 9 8 0

RETURN OF A BIRTH. 56228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 22 1894

4. Place of Birth, (Street and Number) 1318 Penna ave

5. Full Name of Mother, Mary B Conroy

6. Mother's Maiden Name, Mary B Quinn

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Daniel Conroy

9. Father's Occupation, Horse Shaver

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this return, Susan Kuntz

Address, 231 Poppleton St

Remarks,

1 8 9 4 0 0 0 2 9 8 1

any person who shall be deposed, may signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person or persons who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the event of any person or persons who shall hereafter fail to comply with the provisions of this section, they shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24th 1894
4. Place of Birth, (Street and Number) 1721 Hope St.
5. Full Name of Mother, Louisa J. Johnson
6. Mother's Maiden Name, Louisa J. Ruhl
7. Mother's Birthplace, Balto. Co, Md.
8. Full Name of Father, Francis M. Johnson
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore City, Md.
- Name of Medical Attendant, or other person who makes this Return, W. H. Johnson, M.D.
- Address, 1800 Avenue St.
- Remarks, _____

18940002982

RETURN OF A BIRTH 56230

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Whether male or female, Male

Color (if not of the white race), White

Birth, 25th May

Birth (Street and Number), Balto Md 1712 Light St.

Name of Mother, Carrie M. Gallagher.

Maiden Name, Carrie M. Coulbourn.

Birthplace, Long Green County Md

Name of Father, John J. Gallagher

Occupation, Milk Dealer

Birthplace, Balto Md

Medical Attendant, or other person who makes this Return, Elsiebeth Donolson.

1811 Westphal Place

Mother is Doing Well Baby is Feeble

Full Time 8 4 0 0 0 2 9 8 3

RETURN OF A BIRTH. 56231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 Mai

4. Place of Birth, (Street and Number) 1502 Duham st

5. Full Name of Mother, Lisic Opaloky

6. Mother's Maiden Name, Lisic Luehla

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Heik Opaloky

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Aloisia Tintora

Address, 1010 Duham st

Remarks, _____

1 8 9 4 0 0 0 2 9 8 4

been conferred, its sex, color, the full name and occupation of the father, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of the first child shall be attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, in the manner and at the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 1st 1894

4. Place of Birth, (Street and Number) 113 E. Pratt St

5. Full Name of Mother, Antia Roberts

6. Mother's Maiden Name, " Brown

7. Mother's Birthplace, Poland

8. Full Name of Father, Francis Roberts

9. Father's Occupation, Carver

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Charles J. Hor

Address, 1105 Duane St

Remarks,

18940002985

RETURN OF A BIRTH. 56233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1 Nov.

4. Place of Birth, (Street and Number) 1470 Garrett Avenue

5. Full Name of Mother, Elise Banarski

6. Mother's Maiden Name, "

7. Mother's Birthplace, Germany

8. Full Name of Father, August Banarski

9. Father's Occupation, Lab. car.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Doct. W. J. Jones

Address, 1331 Hall St.

Remarks, Dead Birth

1 8 9 4 0 0 0 2 9 8 6

been conferred his sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur within the time specified, the practitioner shall immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) 2 Wai

3. Date of Birth, 10.27 November at

4. Place of Birth, (Street and Number) Wingard

5. Full Name of Mother, James

6. Mother's Maiden Name, James

7. Mother's Birthplace, Wingard

8. Full Name of Father, James

9. Father's Occupation, Wingard

10. Father's Birthplace, Wingard

Name of Medical Attendant, or other person who makes this Return, Anne Walker

Address, 928 N. Cal St.

Remarks, 8940002987

been conferred, his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate, to the Registrar of Births and Deaths, within the period of three calendar months after the birth of any child, or within the period of three calendar months after the death of any child, or within the period of three calendar months after the occurrence of any other event, the birth of any child shall occur within a calendar month after the occurrence of any other event, or shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return.

Address,.....

Remarks,.....

18940002988

RETURN OF A BIRTH. 56236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 4th

1. Sex, (state whether male or female) - male

2. Race or Color, (if not of the white race) - white

3. Date of Birth, - May 3 94

4. Place of Birth, (Street and Number) - 1109 Greenmount Ave

5. Full Name of Mother, - Kate Riley

6. Mother's Maiden Name, - Kate Fahy

7. Mother's Birthplace, - Md. - Riley

8. Full Name of Father, - Patrick Fahy

9. Father's Occupation, - Laborer

10. Father's Birthplace, - Ireland

Name of Medical Attendant, or other person who makes this Return, - J. H. Robinson M.D.

Address, - 726 E. Preston St

Remarks, -

8940002989

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of each birth, and shall, on a list of the births which have occurred under his or her charge, enter the name of the child, its sex, color, the full name of its parents, the date and place of birth, and the name of the medical attendant, or other person who makes this return, and shall, on the first day of each month, forward a copy of such list to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of a child shall occur without the attendance of a physician, or other person who is duly qualified to make such return, the mother, or other person who shall report its birth to the Registrar, shall be liable to the provisions of this section, and shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Section 100. Every person who shall neglect to make the declaration of the parents, the date and place of birth, and the sex of the child, or who shall neglect to deliver a duly signed copy of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the case of the birth of any child, shall be liable to a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1. Kinder

2. Weidman

3. Vaj's

4. Vaj's

5. Dallas str. 811

6. Annie Brann

7. Berlin

8. Ungar

9. Charles Brann

10. Friedman

11. Fayette

Marie Bell

8940002990

RETURN OF A BIRTH.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) \$
male or female) H. 37

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

7. Mockers

8. Full Name of Father,

9. *Father's occupation*

10. *Father's Birthplace,*

Father's Birthplace, _____ or other person who
Name of Medical Attendant, _____ makes this Return.

Address.

Remarks.

6 4 0 0 0 2 9 9

any person in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

562.39

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 10th 94.

4. Place of Birth (Street and Number)

1769 Harford Ave.

5. Full Name of Mother

Laura D. Bolder,

6. Mother's Maiden Name

Laura D. Broeze,

7. Mother's Birthplace

Balto City

8. Full Name of Father

Thomas W. Bolder,

9. Father's Occupation

Carpenter

10. Father's Birthplace

Prince Georges Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Chas. B. Leegher M.D.

Address

920 N. Broadway

Remarks

18940002992

RETURN OF A BIRTH. 56240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)..... *Mitchell*

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th Mai 1848

4. Place of Birth, (Street and Number) Ludelpal St. N. 910

5. Full Name of Mother, Franciska Kluge

6. Mother's Maiden Name, Therine of

7. Mother's Birthplace,.....Germany

8. Full Name of Father, Herma Pluge

9. Father's Occupation.....*Marl*.....*Chap.*

10. Father's Birthplace, — *Germany*

Name of Medical Attendant, or other person who makes this Return.

Address, Haroline Schmay Fort L. & G. No. 439

Remarks.

8 9 4 0 0 0 2 9 9 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female).....*Female*

2. Race or Color, (if not of the white race) White

3 Date of Birth, May 11

4. Place of Birth, (Street and Number) 711 N. Main

5. Full Name of Mother, Clara F. Paul

6. Mother's Maiden Name, *Jenn*

7. Mother's Birthplace, Vol. 1

8. Full Name of Father, George L. B. Paul

9. Father's Occupation, Mariner

10. *Father's Birthplace,* *Galte*

Name of Medical Attendant, or other person who makes this Return, *E. J. [Signature]*

Address, 1435 Alameda 4

Remarks.

3 9 4 0 0 0 2 9 9 4

RETURN OF A BIRTH. 58242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 100. Every person who shall neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 19 of May
4. Place of Birth, (Street and Number) 1141 Newell St
5. Full Name of Mother, anna recker
6. Mother's Maiden Name, anna Johnson
7. Mother's Birthplace, Calverline County Co
8. Full Name of Father, Charles Becker
9. Father's Occupation, Sailor
10. Father's Birthplace, Troy & Kent Co md
- Name of Medical Attendant, or other person who makes this Return, Mary Wake
- Address, 16 W York
- Remarks, MC

18940002995

RETURN OF A BIRTH. 56243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteenth (13)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 19, 1894

4. Place of Birth, (Street and Number) 4415 North Mount.

5. Full Name of Mother, Minnie Ferguson

6. Mother's Maiden Name, Minnie Thompson

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, James Patterson Ferguson

9. Father's Occupation, Carpenter, Construction Co. M.R.R.

10. Father's Birthplace, County Armagh, Ireland

Name of Medical Attendant, or other person who makes this Return, Mahin Jones,

Address, 1337 Wheatcroft St.

Remarks, 18940002996

and the sex, color, the full name and occupation of the parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the parent or parents shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Irish*

3. Date of Birth, *May 19. 94*

4. Place of Birth, (Street and Number) *245 W. Dolphin St.*

5. Full Name of Mother, *Mrs. Spullman*

6. Mother's Maiden Name, *—*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John Spullman*

9. Father's Occupation, *Plumber*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return, *J. S. Spullman*

Address, *1214 Linden Ave.*

Remarks, *—*

1 8 9 4 0 0 0 2 9 9 7

unit of the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56245

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st,

1. Sex (state whether Male or Female)

Female,

2. Race or Color (if not of the white race)

White,

3. Date of Birth

May 21st 94,

4. Place of Birth (Street and Number)

1807 E. Biddle st.

5. Full Name of Mother

Jennie Scholl,

6. Mother's Maiden Name

Jennie Viese,

7. Mother's Birthplace

Baltimore City,

8. Full Name of Father

Wm A. Scholl,

9. Father's Occupation

clerk,

10. Father's Birthplace

Balto City,

Name of Medical Attendant, or other Person who makes this Return.

Chas B. Lutz M.D.

Address

920 N Broadway

Remarks

8940002998

every birth certificate, except the full name and occupation of its parents, the date and place of birth, and the
 certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
 third day of each and every month to the office of the Commissioner of Health.
 shall occur without the attendance of a physician, and after it shall become the duty of the person or persons of such
 attendance to appear before the Commissioner of Health, in the manner and within the period above required, and
 any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a
 fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable,

RETURN OF A BIRTH. 58246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 22^d May 1894
 4. Place of Birth, (Street and Number) Potomac Ely No 401
 5. Full Name of Mother, Mable Hysing
 6. Mother's Maiden Name, Kawetichan
 7. Mother's Birthplace, Germania
 8. Full Name of Father, August Hysing
 9. Father's Occupation, Builder
 10. Father's Birthplace, Germania
 Name of Medical Attendant, _____ or other person who makes this Return, _____
 Address, Haralene Schwanz Ford Ely No 404
 Remarks, 8940002999

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56248

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 Jan 1899

4. Place of Birth, (Street and Number) Ripschert St. No. 1449

5. Full Name of Mother, Henri Kahlhof

6. Mother's Maiden Name, Boauer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard Kahlhof

9. Father's Occupation, Wool Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. E. G. No. 494

Address, Manoline Schreyer

Remarks, 1 8 9 4 0 0 0 3 0 0 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1736

Remarks,

8 9 4 0 0 0 3 0 0

RETURN OF A BIRTH. 56250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 15th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 25th 1894

4. Place of Birth, (Street and Number) Baltimore 2305 Morris Alley

5. Full Name of Mother, Augusta Rodgers

6. Mother's Maiden Name, Augusta Griffith

7. Mother's Birthplace, North Carolina

8. Full Name of Father, Wallace Rodgers

9. Father's Occupation, Coachman

10. Father's Birthplace, Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Barnes

Address, 538. Baker St

Remarks, Baltimore City Md

18940003002

When a certificate is returned, this should be signed by the practitioner in the form of a certificate between the first and third lines of the certificate. In case the birth of any child is reported without the attendance of a physician or practitioner of health, the duty of the person or persons of such child to report its birth to the Commissioner of Health, to the municipality, and to the State, shall be subject to the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 25

4. Place of Birth, (Street and Number) 1107 Valley st

5. Full Name of Mother, Mary Clark

6. Mother's Maiden Name, Mary Lang

7. Mother's Birthplace, Balt

8. Full Name of Father, Thomas C. Clark

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, J. G. Giff

Address, 435 Orleans St

Remarks, _____

18940003003

RETURN OF A BIRTH. 56252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race)
 3. Date of Birth, May 20, 94
 4. Place of Birth, (Street and Number) 1905 E. Baltimore St.
 5. Full Name of Mother, Mrs. Virginia Lee Simpson Dawson
 6. Mother's Maiden Name, Miss " " Simpson
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Wellington Leabrook Simpson
 9. Father's Occupation, Manager B.O. & R.R. Comp.
 10. Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, G. G. Rush M.D. or other person who makes this Return.
 Address, 2000 E. Balt. St.
 Remarks, Normal Delivery
8940003004

and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day or within the month to the office of the Commissioner of Health. In case of a stillborn child, the practitioner or physician or practitioner of medicine or of surgery, or should no other person be in attendance upon the mother, immediately after the birth of the child, shall become the duty of the person or persons of such attendance to report the birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section, or who shall hereafter fail to comply with the provisions of any such law, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day or within the month to the office of the Commissioner of Health.

and the said schedule shall be delivered and duly signed by the practitioner in the form of a certificate between the first and second lines of the said schedule, and the said certificate shall be submitted to the office of the Commissioner of Health, in the manner and within the period above required, and the practitioner who shall fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. May 7-54 94'

4. Place of Birth, (Street and Number) 708 W. Mulberry St

5. Full Name of Mother. Lena C. Seaborn

6. Mother's Maiden Name. Lena C. Aard

7. Mother's Birthplace. Price Groves Co. Ind

8. Full Name of Father. Joseph W. Seaborn

9. Father's Occupation. Fabrics Inspector

10. Father's Birthplace. Price Groves Co. Ind.

Name of Medical Attendant, or other person who makes this Return. Henry C. Phee. M.D.

Address. 708 W. Fayette St

Remarks. 18940003005

RETURN OF A BIRTH. 58254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race). *Irish*

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*...

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. *W. C. C. C.*

Name of Medical Attendant, or other person making this Return, _____
Address, 221 N. E. 400 St. Broadway

Remarks, Bar 9 40/80 50/0 20 6

and said schedule shall be delivered, or caused by the practitioner in the form of a letter, to the mother, father, guardian, or person in legal custody of the child, and the child shall be delivered to the person named in the schedule, within the time specified in the schedule. In case the birth of any child is expected within the month of the delivery of the schedule, the child shall be delivered to the person named in the schedule, within the time specified in the schedule, without the attendance of a physician or midwife, or should no birth of any child be expected within the month of the delivery of the schedule, the child shall be delivered to the person named in the schedule, within the time specified in the schedule, without the attendance of a physician or midwife, and within the period above required for the delivery of the child to the person named in the schedule, the mother, father, guardian, or person in legal custody of the child to whom or persons to whom the child is to be delivered, shall comply with the provisions of the schedule, and shall be responsible for the child to whom or persons to whom the child is to be delivered, and shall hereunto be sworn, and shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 58255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 15 1897

4. Place of Birth, (Street and Number) 211 N. 1st St.

5. Full Name of Mother, Mary

6. Mother's Maiden Name, Campbell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. ...

Address, 1897 ...

Remarks, ...

8940003007

any adult have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second entries of the birth, and shall be subject to the penalty of a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between of any child in case of such birth, to the Registrar of Vital Statistics, Baltimore City, in case no other person be in attendance upon the birth; and in case of the birth of a child, the practitioner shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *Colored*
- Date of Birth, *May 28 1894*
- Place of Birth, (Street and Number) *1048 Parriels Alley*
- Full Name of Mother, *Mary J. Jones*
- Mother's Maiden Name, *Mary J. Jones*
- Mother's Birthplace, *Oak Grove Balto. Co. Md.*
- Full Name of Father, _____
- Father's Occupation _____
- Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, *John Birchwood M.D.*
- Address, *1124 Market St.*
- Remarks, _____

8940003008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2: Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 3 0 1 0

[illegible]

RETURN OF A BIRTH. 56259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2/94

4. Place of Birth, (Street and Number) 312 S. Charles St.

5. Full Name of Mother, Sophie Schagge

6. Mother's Maiden Name, " Wildstein

7. Mother's Birthplace, Balto.

8. Full Name of Father, William Schagge

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Long St.

Remarks, 8940003011

and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents, and of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 2^d 1894

4. Place of Birth, (Street and Number)

717 N. Mount St.

5. Full Name of Mother,

Ida Wisthoff

6. Mother's Maiden Name,

" Young.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John L. Wisthoff

9. Father's Occupation

Salesman.

10. Father's Birthplace,

Bald. City, Ind.

Name of Medical Attendant, or other person who makes this Return,

R. J. N. Tall. M.D.

Address,

524 Sharp St.

Remarks,

6940003012

shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)-
3. Date of Birth, May 2.
4. Place of Birth, (Street and Number). 503 Palooky street.
5. Full Name of Mother, Katie Miller
6. Mother's Maiden Name, Kontag
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Miller
9. Father's Occupation Barber
10. Father's Birthplace. Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. K. Kennel, General Practitioner

Name of Medical Attendant, or one who makes this Return, *1111*
Address, *Evening Dispensary 617 E. Chasler Street*

Remarks, --

8 9 4 0 0 0 3 0 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

shall, within ten days after the birth, cause the full name and occupation of the parents, the date and place of birth; and the sex, whether male or female, of the child, to be ascertained and recorded in the birth record book, and the person so ascertained shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2/94

4. Place of Birth, (Street and Number) 220 S. Duncan Alley

5. Full Name of Mother, Louise Schroeder

6. Mother's Maiden Name, Günther

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles Schroeder

9. Father's Occupation, Saloon-keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks, 8940003014

been conferred its sex, color, the date, hour, day, month and year of its birth, the name of its parents, the time and place of birth, and the child, day of such and every month to the office of the Commissioner of Health. In case the mother or father of a child shall occur without the attendance of a physician or practitioner of health, the mother or father shall become the duty of the person or persons of such attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and the person or persons who shall fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) _____
3. Date of Birth, May 2/94.
4. Place of Birth, (Street and Number) 1244 9th Street, St.
5. Full Name of Mother, Lena Belle Holland.
6. Mother's Maiden Name, Sheriff
7. Mother's Birthplace, Balt.
8. Full Name of Father, Geo. L. Holland.
9. Father's Occupation, Spicer B. Prod. Co.
10. Father's Birthplace, Richmond Va.
Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.
Address, _____
Remarks, 6740003015

and schedule shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of the child, the mother shall be liable to a fine of ten dollars for each child born in the city of Baltimore, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd day 1894
4. Place of Birth, (Street and Number) 1218 S. High St.
5. Full Name of Mother, Mrs. Maylan
6. Mother's Maiden Name, Barrett
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Maylan
9. Father's Occupation, Carpenter
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return E. Sherman
- Address, 422 Alameda St.
- Remarks, _____

18940003016

RETURN OF A BIRTH. 56265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *III*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *May 2, 1894*

4. Place of Birth, (Street and Number) *702 Biden Alley*

5. Full Name of Mother, *Laura Hall*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, *Harry A. Arthur M.D.*

Address *Free Lying In Hospital*

622 W. Lombard St.

Remarks, _____

18940003017

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month, to the office of the Commissioner of Health. In case the mother or father of the child is unable to sign the certificate, the signature of the practitioner shall be substituted therefor. No person shall be in attendance upon the mother, immediately prior to the birth of the child, or within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and may such person be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) _____
 Date of Birth, May 3 - 1894
 Place of Birth, (Street and Number) 317 S. Spring St.
 Full Name of Mother, Mary Bartholmay
 Mother's Maiden Name, Garethy
 Mother's Birthplace, Ireland
 Full Name of Father, Michael Bartholmay
 Father's Occupation, Laborer
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes the Return, Mary Stein
 Address, 1427 E. Pratt St.
 Remarks, _____

18940003018

RETURN OF A BIRTH.

56267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 3/94

4. Place of Birth, (Street and Number) 1311 Myrtle St

5. Full Name of Mother, Ida Haunmestrich

6. Mother's Maiden Name, Ida Kiesel

7. Mother's Birthplace, Balto

8. Full Name of Father, Geo Haunmestrich

9. Father's Occupation, Butcher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A. C. Roh

Address, 2038 Madison Av

Remarks,

8940003019

and the date and place of birth: and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, to the physician or midwife, or to the person who shall assume the duty of the person or persons of such attendance upon the birth, and the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to be fined by the Court of Sessions for each offense, to be recovered as other fines and forfeitures are recoverable by the law of this State.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56268

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

114

1. Sex, (state whether male or female). *male*
2. Race or Color, (if not of the white race). *black*
3. Date of Birth, *May 31, 1894*
4. Place of Birth, (Street and Number) *Freezing In Hospital 622 W. Lombard*
5. Full Name of Mother, *Mary Hawkins*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, *Harry H. Arthur M.D.*

Address, *Freezing In Hospital 622 W. Lombard*

Remarks, _____

1894 003020

This certificate shall be delivered, duly signed by the practitioner, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be subject to the provisions of the Act of the General Assembly, passed March 27, 1893, relating to the registration of births, deaths and marriages, and to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*,

4. *Place of Birth*, (*Street and Number*)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace*
Name of Medical Att

Name of Medical Attendant *W. B. C. R. G.* or other person who makes this Return.

Address _____

Remarks,

8 9 4 0 0 0 3 0 2 1

[illegible]

RETURN OF A BIRTH. 36270
ce of Registrar of Vital Statistics Board of Health

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) .. Female

2. Race or Color, (if not of the white race) - White

3. Date of Birth, May 2, 1894

4. Place of Birth, (Street and Number) *Free Lying In Hospital, 622 London*
5. Full Name of Mother, *Lessie Bann*

5. Full Name of Mother, Leslie Bond
6. Mother's Maiden Name, _____

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address McCoy, Dr. Hooper

Remarks,

3 4 4 0 0 0 3 0 2 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
 said day of each and every month to the office of the Commissioner of Health. In case the birth of any child
 shall occur upon the day of the month, the practitioner shall immediately thereupon attend upon the mother, and
 attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such
 child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
 any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
 jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 3rd May 1892
 4. Place of Birth, (Street and Number) Baltimore 101-103
 5. Full Name of Mother, Lula Percy
 6. Mother's Maiden Name, Lula Russell
 7. Mother's Birthplace, Point of View, Md
 8. Full Name of Father, Augustus Percy
 9. Father's Occupation, St. W. Foreman
 10. Father's Birthplace, Pt Rocks, Md
 Name of Medical Attendant, or other person who makes this Return, C. A. Brookes
 Address, 1528 Maple St
 Remarks, During Mch
 1 8 9 4 0 0 0 3 0 2 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth.* (*Street and Number*)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 3 0 2/4

any such schedule shall be delivered, duly signed and attested by the parents, the name of place of birth, and the date of birth of each and every child, to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month of the year, and the Commissioner of Health, in case the birth of any child occurs upon the fourth day of any month, shall deliver the same to the Commissioner of Health, on or before the third day of the next month. The birth of a child to a physician or practitioner of midwifery, or should no other person be in attendance upon the birth of a child, shall become the duty of the parent or parent, of such attending physician or practitioner of midwifery, in the manner and within the period above required, and the parent or parents who shall hereafter fail to comply with the provisions of this section, shall be liable to any person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures shall be recoverable.

RETURN OF A BIRTH. 56273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

May 4 - 94

4. *Place of Birth, (Street and Number)*

1705 Eagon St

5. *Full Name of Mother,*

Mary E. Lewis

6. *Mother's Maiden Name,*-

24 (White)

7. *Mother's Birthplace,*

Salto

8. *Full Name of Father,*

John, Leitch

9. *Father's Occupation.*

Broom Maker

10. *Father's Birthplace,*

Balte

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary A. Allwell

Address,

1438 N. Bond St.

Remarks,

8 9 4 0 0 0 3 0 2 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the residence of a physician, apothecary, or other person, he or she shall be in duty bound to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 4th 1894
4. Place of Birth, (Street and Number) 1709 W. Lexington
5. Full Name of Mother, Minnie Callahan
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Francis Callahan
9. Father's Occupation, Fish Merchant
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Joseph Alexander
- Address, 1075 W. Bayview
- Remarks, _____

18940003026

GIVEN NAME ADDED 9-18-56
RETURN OF A BIRTH. 56275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carolyn Miriam Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 4th 1894*

4. Place of Birth, (Street and Number) *55 Druid Ave. Woodberry*

5. Full Name of Mother, *Romaine L. Smith*

6. Mother's Maiden Name, *Romaine L. Kiegel*

7. Mother's Birthplace, *Adams Co. Pa.*

8. Full Name of Father, *George R. Smith*

9. Father's Occupation, *Operative in Cotton factory*

10. Father's Birthplace, *Balt. Co. Md.*

Name of Medical Attendant, or other person who makes this Return, *Geo. T. Shower, M.D.*

Address, *421 Polands Ave. Hampden*

Remarks,

8 9 4 0 0 0 3 0 2 7

The practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every child born in this city, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the practitioner who attended the birth, shall be reported to the Commissioner of Health, in the form of a certificate between the first and third day of each month, by the practitioner who attended the birth, or by the mother, if the birth of any child shall occur without the attendance of a physician or midwife, and the mother shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 4th 1894*
4. Place of Birth, (Street and Number) *2021 Eastern Ave.*
5. Full Name of Mother, *James T. Cunningham*
6. Mother's Maiden Name, *Martin*
7. Mother's Birthplace, *Baltimore City, Md.*
8. Full Name of Father, *Andrew Jackson Cunningham*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Illinois*
- Name of Medical Attendant, or other person who makes this Return, *E. P. Jones M.D.*
- Address, *1835 E. Balto. St.*
- Remarks,

8940003028

RETURN OF A BIRTH 56277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1095

Remarks,

and, if practicable, shall state the date and place of birth; and shall also state whether or not such child has been previously registered under the provisions of section one hundred and ten of the laws of this State, and shall indicate the date of such registration. The physician or practitioner who shall attend upon the mother at the time of delivery shall sign the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner duly licensed by the State Board of Regents, the parents or guardian of such child shall appear before the Commissioner of Health, in person or by proxy, within the period above required, and shall certify to the birth of such child to the Commissioner of Health, in compliance with the provisions of this section. If he shall refuse to do so, or shall fail to comply with the provisions of this section, he shall be subject to a fine of not more than fifty dollars for each offense, to be recovered as other fines and forfeitures are now provided for by law.

56278

6th

(acc) -

скаж 5.

1607. Five Feet.

Emma Brooke

ME. Corney
Baltimore Md

Baltimore Md.
Carl August Friedrich Brock
Painter
Feb

Painted by Wallin - Germany

614. I Charles Street
Dispensary 614. I Charles Street

614. El Charles

1 8 9 4 0 0 0 3 0 3 0

RETURN OF A BIRTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 5, 1894.

4. Place of Birth, (Street and Number) 2221 Etting St

5. Full Name of Mother, Martha L. Remblton

6. Mother's Maiden Name, Robinson

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Wm J Remblton

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, Elice Barnes
or other person who makes this Return.

Address, 538 Baker St

Remarks, _____

8 9 4 0 0 0 3 0 3 1

RETURN OF A BIRTH.

56280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) - Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 5th 94

4. Place of Birth, (Street and Number) 1604 Calhoun

5. Full Name of Mother, Mary Sorrell

6. Mother's Maiden Name, Mary Jones

7. Mother's Birthplace, NC

8. Full Name of Father, Henry Sorrell

9. Father's Occupation, Carpenter

10. Father's Birthplace, NC

Name of Medical Attendant, or other person who makes this Return, A. Cole

Address, 2038 Madison St

Remarks, _____

18940003032

and schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class as shall be designated by the Board of Health, to cause a return to be made, and such return shall be subject to the same penalties and forfeitures as are recoverable, and shall be subject to the same fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56281 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 12, 1894

4. Place of Birth, (Street and Number) 924 Lemon St. Baltimore

5. Full Name of Mother, Catharine Gile Garrison

6. Mother's Maiden Name, Catharine Gile

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Garrison

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. O. K. Kayer

Address, 924 Chelton St.

Remarks,

18940003033

RETURN OF A BIRTH. 56282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 3rd

1. Sex, (state whether male or female)..... female

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... 6th of May 94

4. Place of Birth, (Street and Number)..... 1922 Lenox St

5. Full Name of Mother,..... Maria Fanner

6. Mother's Maiden Name,..... Marie Carol

7. Mother's Birthplace,..... Balto

8. Full Name of Father,..... Mark Fanner

9. Father's Occupation,..... Labor

10. Father's Birthplace,..... Balto

Name of Medical Attendant, or other person who makes this Return,..... Friederike Decker Midwife

Address,..... 2116 West 96th St

Remarks,.....

1 8 9 4 0 0 0 3 0 3 4

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs upon the first day of the month, the practitioner shall deliver the certificate to the office of the Commissioner of Health upon the first day of the month. In case the birth of any child occurs upon the second or third day of the month, the practitioner shall deliver the certificate to the office of the Commissioner of Health upon the third day of the month. In case the birth of any child occurs upon the fourth, fifth, sixth, seventh, eighth, ninth, or tenth day of the month, the practitioner shall deliver the certificate to the office of the Commissioner of Health upon the first day of the month following the month in which the child was born. In case the birth of any child occurs upon the eleventh, twelfth, thirteenth, fourteenth, fifteenth, sixteenth, seventeenth, eighteenth, nineteenth, twentieth, twenty-first, twenty-second, twenty-third, twenty-fourth, twenty-fifth, twenty-sixth, twenty-seventh, twenty-eighth, twenty-ninth, or thirtieth day of the month, the practitioner shall deliver the certificate to the office of the Commissioner of Health upon the first day of the month following the month in which the child was born. In case the birth of any child occurs upon the first day of the month, the practitioner shall deliver the certificate to the office of the Commissioner of Health upon the first day of the month. In case the birth of any child occurs upon the second or third day of the month, the practitioner shall deliver the certificate to the office of the Commissioner of Health upon the third day of the month. In case the birth of any child occurs upon the fourth, fifth, sixth, seventh, eighth, ninth, or tenth day of the month, the practitioner shall deliver the certificate to the office of the Commissioner of Health upon the first day of the month following the month in which the child was born. In case the birth of any child occurs upon the eleventh, twelfth, thirteenth, fourteenth, fifteenth, sixteenth, seventeenth, eighteenth, nineteenth, twentieth, twenty-first, twenty-second, twenty-third, twenty-fourth, twenty-fifth, twenty-sixth, twenty-seventh, twenty-eighth, twenty-ninth, or thirtieth day of the month, the practitioner shall deliver the certificate to the office of the Commissioner of Health upon the first day of the month following the month in which the child was born.

GIVEN NAME ADDED, 4-23-64

RETURN OF A BIRTH.

56283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME. Edith Isabell Chew

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

1. Sex. (state whether male or female).

Female

2. Race or Color. (if not of the white race)

White

3. Date of Birth,

May 6 '94

4. Place of Birth, (Street and Number)

1200 W Lexington

5. Full Name of Mother,

Mrs. Isabel S. Chew

6. Mother's Maiden Name,

" " Cargo

7. Mother's Birthplace,

Balto

8. Full Name of Father,

R. Edw. Chew

9. Father's Occupation

milk & coal Dealer

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other person who makes this Return.

T. C. Worthington

Address,

840 W Fayette

Remarks.

8940003035

and schedule of sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and delivered, duly signed by the practitioner in the form of a certificate, the first and shall occur without the attendance of a physician, or the Commissioner of Health. In case the birth of a child shall occur upon the mother, immediately thereafter, it shall be the duty of the practitioner to report the birth of such person to the Commissioner of Health, in the manner and within the time hereinafter provided, and any such person who shall hereafter fail to comply with the provisions of this section shall be liable to be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of its physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines, and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May the 6 18-94

4. Place of Birth, (Street and Number) Market St No 3-18

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, Mary Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Justin Miller

9. Father's Occupation teamster

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Kelley

Address, No 19-22 Milburn Ave

Remarks, 8940003036

RETURN OF A BIRTH.

56285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 6 May

4. Place of Birth, (Street and Number) 24 S. Caroline St

5. Full Name of Mother, Mary Schuman

6. Mother's Maiden Name, "J. Strick

7. Mother's Birthplace, Balto.

8. Full Name of Father, David Schuman

9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Feldrick Md

Name of Medical Attendant, or other person who makes this Return, W. R. Allig

Address, 1302 E Lexington

Remarks,

18940003037

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the first day of a month, the certificate shall be filed in the office of the Commissioner of Health on the first day of the following month. The certificate shall be filed in the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.
GIVEN NAME ADDED 5-17-61

GIVEN NAME ADDED 5-11-6

RETURN OF A BIRTH. 56287
 GIVEN NAME ADDED 5-17-61
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
 Name: ~~Frederick Henry Halpert~~

Name: Frederick Wm. Habicht

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 6/94*
4. Place of Birth, (Street and Number) *239 S. Register Str.*
5. Full Name of Mother, *Elizabeth Habicht*
6. Mother's Maiden Name, *"Gunn*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Habicht*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Eisenhofer*
Address, *2225 Long St.*
Remarks, _____

8 9 4 0 0 0 3 0 3 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number) 310 Hollywood Ave. Woodberry

5. Full Name of Mother, Elizabeth L. Thaller

6. Mother's Maiden Name, Elizabeth J. Carls

7. Mother's Birthplace, Balt. Co. Md

8. Full Name of Father, William A. Shallen

9. *Father's Occupation,* Moulder

10. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. F. Shower, M.D.

Address, H 21 Roland Ave. N Amsterdam

Remarks.

1 8 9 4 0 0 0 3 0 4 0

RETURN OF A BIRTH. 56289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 15 52 High

Remarks, *I saw 1 m* 8 9 4 U

8 9 4 0 0 3 0 4

RETURN OF A BIRTH. 56290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 27

1. Sex, (state whether male or female) _____ *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Nov 6, 1892

4. Place of Birth, (Street and Number) 7 William St

5. Full Name of Mother, Therese Bowling

6. Mother's Maiden Name, Annex Goodwin

7. Mother's Birthplace, Washington, D.C.

8. Full Name of Father, Frederick Bauman

9. *Father's Occupation* Clerk

10. Father's Birthplace, Stockholm, Sweden

Name of Medical Attendant, or other person who makes this Return, J. B. Brack

Address, 1525 Fifth St

Remarks, *During flight*

8 9 4 0 0 0 3 0 4 2

RETURN OF A BIRTH. 56291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 of May 94
4. Place of Birth, (Street and Number) 1200 W. Pratt St
5. Full Name of Mother, Henrietta Schulz
6. Mother's Maiden Name, Henrietta Hedrich
7. Mother's Birthplace, Germany
8. Full Name of Father, John Schulz
9. Father's Occupation, Salenkeeper
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Friederike Reesler midwife
- Address, 2116 West Pratt St
- Remarks, + 8 9 4 0 0 0 3 0 4 3

RETURN OF A BIRTH. 56292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 May

4. Place of Birth, (Street and Number) 1116 Forest Ave

5. Full Name of Mother, Bessie Rine

6. Mother's Maiden Name, Levi

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thurston W. Rine

9. Father's Occupation, Porter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Brooks

Address, 1828 Light St

Remarks, Living Well

1 8 9 4 0 0 0 3 0 4 4

RETURN OF A BIRTH. 56293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health,
 Joseph Benjamin Greenberg
 No. 1128 1128
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number).....11 22

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1013

Remarks,

1 8 9 4 0 0 0 3 0 4 5

[illegible]

RETURN OF A BIRTH. 56294
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race).

3. Date of Birth. May 8.

3. Date of Birth. May 6, 1901
4. Place of Birth, (Street and Number). 21
423 2nd St.

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, Maggie
Dill

5. Full Name of Mother, Willa
6. Mother's Maiden Name, Dill

6. Mother's Maiden Name, Wheeler
7. Mother's Birthplace, Yakima, Wash.

7. Mother's Birthplace, — Waco, Tex.
8. Full Name of Father, — Jahar T. Williams

8. Full Name of Father, James M. Galt
9. Father's Occupation Cannery

9. Father's Occupation, Lawyer
10. Father's Birthplace, Baltimore

10. Father's Birthplace, *and* *or* other persons making this

Name of Medical Attendant, *James H. Jones*
Address, *Livingston, N.Y.*

Address, *Room 49*
Remarks, *1894*

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RETURN OF A BIRTH 56296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 3 0 4 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*...7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address Free Lying In House

Remarks, ---

8 9 4 0 0 0 3 0 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 3 0 5 0

Wm. J. C. Dulaney Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address

Remarks.

8 9 4 0 0 0 3 0 5 1

pen conferred by sex, color, the full name and occupation of the parent, the date and place of birth, and the date of the declaration of health, in the form of a certificate, shall be delivered, daily signed by the practitioner in the form of a certificate, to the Registrar of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, April 11
4. Place of Birth, (Street and Number) 1774 Johnson St
5. Full Name of Mother, Louise Margarete Gulson
6. Mother's Maiden Name, Louise Margarete Heller
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Gulson
9. Father's Occupation, Painter
10. Father's Birthplace, Prussia
- Name of Medical Attendant, or other person who makes this Return, Katie March
- Address, 800 Eadenwell St
- Remarks, 18940003052

RETURN OF A BIRTH. 56301

GIVEN NAME ADDED 10-3-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: May Elizabeth De Martello

No. of Child of Mother (state mother 1st, 2d, 3d, &c.)... 10d

1. Sex, (state whether male or female) -
2. Race or Color, (if not of the white race) -
3. Date of Birth, May 9, 1894
4. Place of Birth, (Street and Number) 137 Leclerc Street (South B.)
5. Full Name of Mother, Elizabeth Annis De Martello
6. Mother's Maiden Name, Hainault
7. Mother's Birthplace, Charles Francis De Martello Washington
8. Full Name of Father, Charles Francis De Martello
9. Father's Occupation, Watchmaker
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Mrs. M. L. Lane from

Name of Medical Attendant, makes this Return, John J. Connelley
Address, Rooming Dispensary 614 E. Chestnut Street,

Remarks.

8 9 4 0 0 0 3 0 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

to be returned to the Registrar of Vital Statistics, Board of Health, Baltimore City, within three days of the birth of the child, and in case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth 5

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

May 9, 1901

4. Place of Birth, (Street and Number)

2115 Marianna St

5. Full Name of Mother,

Theresa Kettler

6. Mother's Maiden Name,

Theresa Weber

7. Mother's Birthplace,

Baltimore Germany

8. Full Name of Father,

Henry Kettler

9. Father's Occupation,

Painter Baltimore

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other person who makes this Return,

Paul Lindner

Address,

No 106 S. Monroe St.

Remarks,

1 0 9 4 0 0 0 3 0 5 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur on the first day of the month, the practitioner shall report the birth of such child to the office of the Commissioner of Health, immediately thereafter. It shall become the duty of the practitioner to report the birth of any child to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 8-27-56

56303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marquerite Barbara Auer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 10th 1894

4. Place of Birth, (Street and Number) 1019 W. Fayette St.

5. Full Name of Mother, Helen A. Auer,

6. Mother's Maiden Name, " " Fisher,

7. Mother's Birthplace, Balt. City,

8. Full Name of Father, Philip P. Auer,

9. Father's Occupation, Diamond Cutter,

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other person who makes this Return, R. J. N. Tall. M.D.

Address, 524 Sharp St.,

Remarks,

18940003055

RETURN OF A BIRTH. 56304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race)-

3. Date of Birth, 16 May

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1808 24th St

Remarks, fine 11/11

1 8 9 4 0 0 0 3 0 5 6

Every person, at the time of his birth, shall be furnished with a certificate containing the name and place of birth; and the father, mother, or guardian of the child, shall be bound to deliver, duly signed by the practitioner of health, in case the birth of any child is attended by such practitioner, a certificate of the date, hour, and place of birth, to the registrar of the district, within the period of ten days of each and every month to the tenth of the next following month. In case the birth of any person is attended by a midwife or practitioner of midwifery, or should no other person be present at the birth, the certificate shall be signed by the midwife or practitioner of midwifery, and shall be delivered to the registrar of the district, within the period of ten days of each and every month to the tenth of the next following month. In case the birth of any person is attended by no other person, the certificate shall be signed by the person attending the birth, and shall be delivered to the registrar of the district, within the period of ten days of each and every month to the tenth of the next following month. In case the birth of any person is attended by no other person, the certificate shall be signed by the person attending the birth, and shall be delivered to the registrar of the district, within the period of ten days of each and every month to the tenth of the next following month. In case the birth of any person is attended by no other person, the certificate shall be signed by the person attending the birth, and shall be delivered to the registrar of the district, within the period of ten days of each and every month to the tenth of the next following month.

been conferred his sex, color, the full name and occupation of its parents, the date and place of birth, and the date of delivery, shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such sex, color, the full name and occupation of its parents, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 May

4. Place of Birth, (Street and Number) 1144 5th Milldam St.

5. Full Name of Mother, Mary Baummiller

6. Mother's Maiden Name, Hart

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Baummiller

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 1525 Light St.

Remarks, Long Well

18940003057

RETURN OF A BIRTH. 56306
Statistics Board of Health, Baltimore City.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2nd
 (state whether male or female)... Male

1. Sex, (state whether male or female)... Male

1. Sex, (state whether male or female) *♂*
2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, May 10, 1894

2. Race or Color, (if not of the white race)
3. Date of Birth, May 10, 1894
4. Place of Birth, (Street and Number) 656 N. Shuler St., Baltimore, Md.
Name of Ridgeley

4. Place of Birth, (Street and Number) 1111 N. Ridgeley

5. Full Name of Mother, Mary
Mary R. Grand

6. Mother's Maiden Name, Mary
Balmain

7. Mother's Birthplace, Salisbury
Idaho Ridge

8. Full Name of Father, James

9. Father's Occupation Officer

10. Father's Birthplace, Balt or other person who + Return, 29

Name of Medical Attendant, _____ or other person making this Return, _____ 914

Address, _____

Remarks, 18940003

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d.

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, May 10.
4. Place of Birth, (Street and Number) 18 E. Williams Street.
5. Full Name of Mother, Fannie Hirsch,
6. Mother's Maiden Name, Tuckey
7. Mother's Birthplace, Jersey City - N. J.
8. Full Name of Father, Isaac Thomas Hirsch,
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kame from the

Address, Looming Dispensary 614 E. Charles Street.

Remarks, _____

1 8 9 4 0 0 0 3 0 5 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

8 9 4 U ~~0~~ 0 3 0 6 0

and schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if the person or persons so designated shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, May 10th 1894
4. Place of Birth, (Street and Number) No. 2009 Frederick ave
5. Full Name of Mother, Barbara Wagner
6. Mother's Maiden Name, Kronghlatz
7. Mother's Birthplace, Boien
8. Full Name of Father, Albert Wagner
9. Father's Occupation, Butcher
10. Father's Birthplace, Boien
- Name of Medical Attendant, or other person who makes this Return, Annie Lindner
- Address, 760 10th S. Howard St.
- Remarks, _____

1 8 9 4 0 0 0 3 0 6 1

This schedule shall be delivered, duly signed by the mother, or the father, or the parents, or the physician, or the midwife, or the practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

VII

1. Sex, (state whether male or female)

~~Male~~

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

May 10/1894

4. Place of Birth, (Street and Number)

1131 Race St.

5. Full Name of Mother,

Hennie Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return.

Harriet Arthur M.D.

Address

Free Press Dr. Hospital

Dr. Redd Phys.

622 W. Lombard St

Remarks,

18940003062

RETURN OF A BIRTH. 563 //

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....1st

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 10, 94

4. Place of Birth, (Street and Number) Maternity Hospital, 115-16 Yorkland St.

5. Full Name of Mother, Annie Smith

6. Mother's Maiden Name, Annie Smith

7. Mother's Birthplace,..... Maryland

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, _____

8 9 4 0 0 0 3 0 6 3

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 11

94

4. Place of Birth, (Street and Number)

127 West St

5. Full Name of Mother,

Annie Jacob

6. Mother's Maiden Name,

Annie Schroedel

7. Mother's Birthplace,

Balt

8. Full Name of Father,

John Jacob

9. Father's Occupation,

Printer

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other person who makes this Return,

Mrs E. H. Brainerd

Address,

1328 1/2 N. 1st St

Remarks,

Living Well

8940003064

any shall have
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of medicine, the mother, immediately after the
attendance upon the mother, immediately after the birth of the child, shall be required to appear before the
Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 11 - 94*

4. Place of Birth, (Street and Number) *930 N. Chester*

5. Full Name of Mother, *Radie Clark*

6. Mother's Maiden Name, *Palmer*

7. Mother's Birthplace, *Balt*

8. Full Name of Father, *John H. Clark*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Balt*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary A. Allwell*

Address, *438 N. Bond St.*

Remarks,

18940003065

RETURN OF A BIRTH. 56314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th fourth
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 1914
4. Place of Birth, (Street and Number) 2536 Francis St Balti Md
5. Full Name of Mother, A. F. Schneider
6. Mother's Maiden Name, A. F. Maloney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, H. Schneider
9. Father's Occupation, Conductor
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this return, Mrs. Johnson
- Address, 704 Tyson St.
- Remarks,

1 8 4 4 0 0 0 3 0 6 6

RETURN OF A BIRTH. 56316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 11th 1894

4. Place of Birth, (Street and Number) 913 Carroll St

5. Full Name of Mother, Maggie Murphy

6. Mother's Maiden Name, Maggie Hamacher

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Murphy

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, _____

Remarks, + 8 9 4 0 0 0 3 0 6 8

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, first and third day of each and every child, and the name of the physician or practitioner in attendance at the birth of any child shall occur within the time specified, and the mother, immediately after the birth of the child, shall be required to report to the Registrar of Vital Statistics, Board of Health, in the manner and within the time specified, and any such person or persons who fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-29-51

RETURN OF A BIRTH.

56317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William F. Klot

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female), Male

2. Race or Color, (if not of the white race), White

3. Date of Birth, May 10, 1884

4. Place of Birth, (Street and Number), 1918 Augusta St

5. Full Name of Mother, Sarah E. Klot

6. Mother's Maiden Name, Sarah E. Klot

7. Mother's Birthplace, Baltimore C. Md.

8. Full Name of Father, Wilhelm H. Klot

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Vermont

Name of Medical Attendant, or other person who makes this Return, A. G. Jackson

Address, 1301 N. Central Ave.

Remarks,

1 8 9 4 0 0 0 3 0 6 9

and act as such shall be delivered, duly signed by the practitioner in the form of a certificate between the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother shall secure the entry of the person or persons of such child to report its birth to the Commissioner of Health. In the manner herein provided, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 17

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th Mar. 1891.

4. Place of Birth, (Street and Number) 2124 E. 1st Ave. St. Louis, Mo.

5. Full Name of Mother, *Lena W. Tyler*

6. Mother's Maiden Name, Foxwell

7. Mother's Birthplace, St. Mary's Co. Md.

8. Full Name of Father, Thos. Frank Tyler

9. Father's Occupation Commission Merchant

10. Father's Birthplace, Somerset Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. F. Irons M.D.

Address, 1833 C. Balto. St.

Remarks,

8 9 4 0 0 0 3 0 7

RETURN OF A BIRTH. 56321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Agnes ———, Betken

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other person who
 signed this Report

Address, 1427 E. Pratt St.

Remarks.

GIVEN BY 4000

1-27-54

8 4 0 0 0 3 0 7 3

The said schedule shall be delivered, duly signed by the practitioner of its parents, the date and place of birth, and the day at which and every month to the office of the Commissioner of it, cause the birth of any child to attend upon him or her immediately thereafter if he or she is a physician or practitioner of midwifery, or otherwise person be in such child to report its birth to the Commissioner of it, in the manner and within the period above required; and if any person who is guilty of neglecting to comply with the provisions of this section shall be adjudged to be liable for each offense, to be covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, 11. Nov. 1894
4. Place of Birth, (Street and Number) 830 Tuxton street
5. Full Name of Mother, Lura Lumsden
6. Mother's Maiden Name, Luna E. S.
7. Mother's Birthplace, Ga. Pitt.
8. Full Name of Father, Harper Lumsden
9. Father's Occupation, Lab. Man
10. Father's Birthplace, Ga. Pitt.
- Name of Medical Attendant, or other person who makes this Return, Dr. J. W. Lumsden
- Address, 1225 1/2 Ave. St.
- Remarks,

8 4 4 0 0 3 0 7 4

RETURN OF A BIRTH. 56323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

S. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

8 9 4 0 0 0 3 0 7 5

[illegible]

RETURN OF A BIRTH. 56324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, May 11, 1894

4. Place of Birth, (Street and Number) 208 Vincent Alley

5. Full Name of Mother, Maggie Evans

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry K. Arthur M.D.

Address, Free Tyng In Hospital, 22 W. Lombard St. On Res. Physician

Remarks,

18940003076

and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of this certificate, to the Office of the Registrar of Vital Statistics, Baltimore City, in case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall not be subject to any fine or forfeiture, and no other person shall be liable to any fine or forfeiture for each offence, to be recovered as other fines and forfeitures are recoverable, excepted to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 11, 1914

4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Essex Street

5. Full Name of Mother, Lena Rottlund

6. Mother's Maiden Name, X

7. Mother's Birthplace, Manly, Conn.

8. Full Name of Father, *James*

9. Father's Occupation.....X

10. *Father's Birthplace,* X

Name of Medical Attendant, or other person who makes this Return. Alfred J. Kennedy M.D.

Address, Maternity Hospital

Remarks. 88403

8 9 4 0 0 0 3 0 7 7

When a child is born, the parents, the date and place of birth, and the sex of the child, shall be reported to the Registrar of Vital Statistics, Baltimore City, by the physician or midwife attending the birth, or by the mother, or by the father, or by the child, or by any other person who may be present at the birth. The Registrar shall issue a certificate of birth, which shall be filed in the office of the Registrar. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be present at the birth, the mother, immediately thereafter, shall become the person who shall report the birth to the Registrar. The Registrar shall be authorized to require the attendance of a physician or midwife, or of any other person, and to require the payment of a fee for such attendance. The Registrar shall be authorized to require the payment of a fee for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 94
4. Place of Birth, (Street and Number) Maternity Hospital 115 W. Lombard St.
5. Full Name of Mother, Mary Canting
6. Mother's Maiden Name, X
7. Mother's Birthplace, Ireland
8. Full Name of Father, X
9. Father's Occupation, X
10. Father's Birthplace, X
Name of Medical Attendant, or other person who makes this Return, Alfred J. Cunningham M.D.
Address, Maternity Hospital
Remarks, 8940003078

RETURN OF A BIRTH. 56327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 12th*

4. Place of Birth, (Street and Number) *2309 S. Calhoun St*

5. Full Name of Mother, *E. T. Phillips*

6. Mother's Maiden Name, *" " Scarf*

7. Mother's Birthplace, *Balto City*

8. Full Name of Father, *Alfred V. Phillips*

9. Father's Occupation, *Miner*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *M. J. Leman*

Address, *1315 W. Balto St*

Remarks, *Strong baby*

18940003079

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred, first sex, color, the full name and occupation of its parents, the date and place of birth, and the full schedule shall be delivered to the Commissioner in the form of a certificate between the first and third day of each and every month in the year. In the event the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother shall report upon the mother, immediately thereafter, in the manner and within the period above required, to the Commissioner of Health, in the manner and within the period above required, such person or persons who shall heretofore fall to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 12/94*

4. Place of Birth, (Street and Number) *1013 Hazel ave* *Baltimore Md.*

5. Full Name of Mother, *Jessie Whittom*

6. Mother's Maiden Name, *Jessie M. Gentry*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *W. E. Whittom*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Washington D.C.*

Name of Medical Attendant, or other person who makes this Return, *Amie Eliza Gentry*

Address, *837 N. Central ave*

Remarks, _____

8940003080

been conferred; its sex, color, the full name and location of its parents, the date, place, of birth, and the said certificate shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, who shall cause the same to be recorded, and any such person or persons failing to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 12th 1894

4. Place of Birth, (Street and Number) 221 W. Poppleton St.

5. Full Name of Mother, Ellen Alberta Leslie

6. Mother's Maiden Name, Gunningham

7. Mother's Birthplace, Scotland

8. Full Name of Father, Samuel Barth Leslie

9. Father's Occupation, Leif Holsteren

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. C. Wunders, M.D.

Address, 1075 W. Fayette St.

Remarks, _____

18940003081

RETURN OF A BIRTH. 56330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 12, 96

4. Place of Birth, (Street and Number) 1812 St. Paul St.

5. Full Name of Mother, Mary D. Fulton

6. Mother's Maiden Name, Mary D. Eisenbrey

7. Mother's Birthplace, Dennd

8. Full Name of Father, Chas A. Fulton

9. Father's Occupation, Minister

10. Father's Birthplace, Michigan

Name of Medical Attendant, or other person who makes this Return, A. C. Pelt

Address, 2038 Madison av

Remarks, _____

1 8 9 4 0 0 0 3 0 8 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be duly signed by the practitioner in the form of a certificate between the first and second entries of the birth of any child, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall remain without the attendance of a physician or practitioner of medicine or surgery, or of any other person, until the child has attained the age of one year, and until the mother has attended upon the mother, immediately after the birth, in the manner and within the period above required, and until the child has been reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, and until any other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *I*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *May 12, 1894*

4. Place of Birth, (Street and Number) *Free Spring Dr. Hospital*

5. Full Name of Mother, *Mary Fizzie Shadows*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, *Harvey A. Thomas, M.D.*

Address, *Free Spring Dr. Hospital*

Remarks, _____

8940003083

and schedule shall be delivered, duly signed by the physician or practitioner, immediately after the birth of the child, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 56332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and certificate shall be filed with the Registrar of Vital Statistics, Baltimore City, within ten days of the birth of the child, and the parent or person who shall be liable for the same shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 12, 94

4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Lombard St

5. Full Name of Mother, Alice Hall

6. Mother's Maiden Name, Alice Hall

7. Mother's Birthplace, Can

8. Full Name of Father, X

9. Father's Occupation, X

10. Father's Birthplace, X

Name of Medical Attendant, or other person who makes this Return, Alfred Gundry M.D.

Address, Maternity Hospital

Remarks, 8940003084

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3 *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 3 0 8 5

Wm J. C. Dulany Co., City Printers and Stationers.

Each certificate in sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person or persons who shall be present at the birth of the child to report to the Commissioner of Health, in the manner and within the time provided in this section, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940003086

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of the birth of any child at any place other than the residence of the mother, the practitioner shall also file a copy of the certificate with the health officer of the place where the child was born. The health officer of the place where the child was born shall immediately thereafter file a copy of the certificate with the health officer of the place where the mother resides. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 56335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 13 1894

4. Place of Birth, (Street and Number) 3137 Spilken St.

5. Full Name of Mother, Etta Stuch

6. Mother's Maiden Name, Etta Stuch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Stuch

9. Father's Occupation, Engineer on railroad

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary L. Stuch

Address, 824 Hulton St.

Remarks,

8940003087

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13d.*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 13 (3 3/4 afternoon).*

4. Place of Birth, (Street and Number) *27, W. Hamburg Street.*

5. Full Name of Mother, *Catherine Dill,*

6. Mother's Maiden Name, *Gampfer*

7. Mother's Birthplace, *Friedrichen i. Bayern - Germany.*

8. Full Name of Father, *Thomas Dill*

9. Father's Occupation, *Tobacco Worker.*

10. Father's Birthplace, *Friedrichen i. Bayern - Germany.*

Name of Medical Attendant, or other person who makes this Return.

Mrs. M. Knut, from the Evening Dispensary 614 S. Charles Street.

Remarks,

18940023088

RETURN OF A BIRTH. 56337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1d

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race).
3. Date of Birth, May 14, 18th 25 Morning.
4. Place of Birth, (Street and Number) 215 So. Hughes Street.
5. Full Name of Mother, Florence Reynolds.
6. Mother's Maiden Name, Andusch?
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George William Reynolds
9. Father's Occupation, Labr.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Marie Louise Crow

Address... The Evening Dispensary 614 S. Charles Street

Remarks,

8 9 4 0 0 0 3 0 8 9

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 2

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*4. *Place of Birth, (Street and Number*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant James H. [Signature] or other person who makes this Return [Signature]

Address, 421 E. Oak St

Remarks,

8 4 0 0 0 3 0 9 0

[illegible]

RETURN OF A BIRTH. 56339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. Father's Occupation.

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

or other person who makes this Return.

8 9 4 0 0 0 3 0 9 1

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race)

- 3.
- Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Address, _____
 Remarks, Full name of child added by mother November 5-1938
 2 10 0 3 9 92 - Reg.

Remarks, My name is 8-9-2-0-0
Mrs Maggie Britner Mother

When the sex, color, the full name and occupation of the mother, the date and place of birth, and the third day of the month in which the child was born, shall occur without the attendance upon the mother, immediately after the birth of the child, to report to the Commissioner of Health, or to the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Florence Terese Gutberlet*
First
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *14th of May 1894*
 4. Place of Birth, (Street and Number) *1837 Aiken St Baltimore*
 5. Full Name of Mother, *Mary Elisabeth Gutberlet*
 6. Mother's Maiden Name, *Mary Elisabeth Hughes*
 7. Mother's Birthplace, *Baltimore County*
 8. Full Name of Father, *Francis Xavier Gutberlet*
 9. Father's Occupation, *City Limplighter*
 10. Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other person who makes this Return, *Chas E. Luster*
 Address, *1600 East Lammak St*
 Remarks, *GIVEN NAME ADDED. 4-10-52*

18940303093

RETURN OF A BIRTH. 56342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First -
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 14 - 94

4. Place of Birth, (Street and Number)

1619 Oliver St

5. Full Name of Mother,

Annie L. Momberger

6. Mother's Maiden Name,

" " Trimmer

7. Mother's Birthplace,

" " Virginia

8. Full Name of Father,

John L. Momberger

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs. Mary A. Allwell

Address,

1438 N. Bond St

Remarks,

18940003094

any person who has attended the birth of a child, and who has not been duly qualified by the Board of Health, shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. In case the birth of any child shall occur without the attendance of a physician, or of a midwife, or of a nurse, or of a person who has been duly qualified by the Board of Health, the person who shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. In case the birth of any child shall occur without the attendance of a physician, or of a midwife, or of a nurse, or of a person who has been duly qualified by the Board of Health, the person who shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. In case the birth of any child shall occur without the attendance of a physician, or of a midwife, or of a nurse, or of a person who has been duly qualified by the Board of Health, the person who shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurs, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *May 14 - 1894*
4. Place of Birth, (Street and Number) *409 E. Eden St.*
5. Full Name of Mother, *Clara Carr*
6. Mother's Maiden Name, *Egan*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John J. Carr*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *New York*
- Name of Medical Attendant, or other person who made this Return, *Mary Steins*
- Address *142 E. Pratt St.*
- Remarks,

18940003095

RETURN OF A BIRTH. 56344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, May 14, 1894.

4. Place of Birth, (Street and Number) 14 Hill St.

5. Full Name of Mother, Lydia Jane Watts.

6. Mother's Maiden Name, Helbaugh.

7. Mother's Birthplace, Md.

8. Full Name of Father, Edward W. Watts.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut st.

Remarks,

8940003096

parent, the sex and place of birth; and the certificate shall be delivered daily signed by the practitioner in the form provided for in the first and third day of each month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur upon the attendance of a physician, the physician shall become the duty of the practitioner in the form provided for in the first and third day of each month to the office of the Registrar of Vital Statistics, Board of Health. In the manner and to the effect provided in the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57 345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 3 0 9 7

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month, to the office of the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician, the parent or persons in charge of the child should immediately thereafter, in the manner and within the period above specified, report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56346

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14 May 1894

4. Place of Birth, (Street and Number)

452 N. E. Vester St

5. Full Name of Mother,

Julia Liberman

6. Mother's Maiden Name,

" Diabler

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Louis Liberman

9. Father's Occupation

Tailor

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

E. Liberman

Address,

42 Albernark St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address: Breckinridge Ave. N.W.

Remarks

8 9 4 0 0 0 3 0 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 56379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, May 14, 1894.

4. Place of Birth, (Street and Number) 723 Bradley St.

5. Full Name of Mother, Ida Quills

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur M.D.

Address, Free Dispensary Hospital, 622 W. Lombard St. In Res. of Phys.

Remarks,

18940003101

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. The certificate shall occur without the attendance of a physician or midwife, and it shall become the duty of the person or persons of such attendance upon the mother, to attend to the provisions of health, in the manner and within the period above required, and shall be returned to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 24, 94

4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Lombard St.

5. Full Name of Mother, Minnie T. Tuck

6. Mother's Maiden Name, Minnie Tuck

7. Mother's Birthplace, Maryland

8. Full Name of Father, X

9. Father's Occupation, X

10. Father's Birthplace, X

Name of Medical Attendant, or other person who makes this Return, Alfred I. Gurnea, M.D.

Address, Maternity Hospital

Remarks, 8940003102

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall occur without the intervention of any other authority. The practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, if any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

and the said schedule shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Mar 14, 1894

4. Place of Birth, (Street and Number)

Freezing Dr Hospital 622 W. Lombard St

5. Full Name of Mother,

Eda Chew

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return,

Harry H. Arthur M.D.

Address,

Freezing Dr Hospital 622 W. Lombard St

Remarks,

18940003103

56.252

[illegible]

82-

Femelle

3. *Date of Birth.*

15th May 1894.

S'P4 Effort Ave

Fanny Jackson

Thompson

Baltimore

Samuel Jackson

Leboren

Baltimore

Elizabeth Jewell

436 E 5th Ave

8 9 4 0 0 0 3 1 0 4

any person who, in the performance of his duty, shall neglect to report the birth of a child to the office of the Registrar of Vital Statistics, or who shall neglect to report the birth of a child to the office of the Registrar of Vital Statistics, shall be liable to a fine of ten dollars for each offense, to be recovered in other lines and forfeitures are recoverable.

RETURN OF A BIRTH. 56353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) Negr

3. Date of Birth, May 15 1894.

4. Place of Birth, (Street and Number) Preston St. No 500.

5. Full Name of Mother, Lassar & Wyndes

6. Mother's Maiden Name, Hill

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Robt. Wyndes.

9. Father's Occupation Drayman.

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, R. L. Daley.

Address, 1020 N. Calver St.

Remarks.

8940003105

RETURN OF A BIRTH. 56354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 May

4. Place of Birth, (Street and Number) 1627 Palapsee St

5. Full Name of Mother, Annie Ziegler

6. Mother's Maiden Name, Baker

7. Mother's Birthplace, Balt County

8. Full Name of Father, August Ziegler

9. Father's Occupation, Baker

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mrs. E. H. Browne

Address, 1828 York St

Remarks, Parity 11th

18940003106

been concerned in sex, color, the full name and occupation of its parents, the date and place of birth; and the child shall be registered in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parents or persons in attendance upon the mother, immediately after the birth of the child, shall be liable to a fine of ten dollars for each child to report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and if they fail to do so, they shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

What day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall be reported to the office of the Commissioner of Health by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person or persons of such any such person or persons who shall hereafter fall to comply with the provisions of this section, and be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,
1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, May 15th.
4. Place of Birth, (Street and Number) N 857 Columbia Ave.,
5. Full Name of Mother, Ida Howser,
6. Mother's Maiden Name, Collins
7. Mother's Birthplace, Dorchester Co. Md.,
8. Full Name of Father, Edward Howser,
9. Father's Occupation, Brick-Moulder,
10. Father's Birthplace, Balts. City.
- Name of Medical Attendant, or other person who makes this Return, Dr. H. E. Dierckx, Md.
- Address, N. 721 Columbia Ave.,
- Remarks, _____

1 8 9 4 0 0 0 3 1 0 7

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the last day of the month in which the birth of the child occurred, and shall be delivered to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the certificate, and shall be subject to the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. GIVEN NAME ADDED 1-3-67

56356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth Naomi Gause

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 9th

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15, 1894
4. Place of Birth, (Street and Number) 903 Gladem Ave
5. Full Name of Mother, Louisa A. Gause
6. Mother's Maiden Name, Louisa A. Eibert
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Jacob Gause
9. Father's Occupation, Paper box manufacturer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Theodore W. W. W.

Address, 914 St Charles St, Baltimore, Md

Remarks, ...

18940003108

RETURN OF A BIRTH. 56357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 15 1894

4. Place of Birth, (Street and Number) 925 Pierce Street

5. Full Name of Mother, Olivia Dobbins

6. Mother's Maiden Name, Olivia Williams

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Sam Dobbins

9. Father's Occupation, Musician

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return Mrs. Johnson

Address, 704 Saxon Street

Remarks,

18940003109

to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such character as may be designated by the Board of Health, to cause a return of the birth of such child to be made by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (~~state whether male or female~~),

2. Race or Color (if not of the white race),

3. Date of Birth, *16th May 1894*

4. Place of Birth (Street and Number), *2101. Bolton St*

5. Full Name of Mother, *Frances Jewell*

6. Mother's Maiden Name, *Wilson*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Francis Jewell*

9. Father's Occupation, *Builder*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

*Geo. H. [Signature]
Andrew Ave & Wilson St*

8 9 4 0 0 3 1 1 0

shall be delivered, duly signed by the practitioner of his parents, the date and place of birth, and the date schedule
each and every month to the office of the Commissioner of Health. In case of a child who should occur without
the attendance of a physician or practitioner of medicine, the mother or other person be in attendance upon the
mother, immediately after the birth of the child, in the manner and within the period above required, and any such person or persons
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. *Race or Color, (if not of the white race).*

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation*10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 3 1 1 3

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the child shall be delivered, duly signed by the practitioner in the form of a Commissioner of Health, to the mother or, if the mother shall die, to the father, within the first month of the child's life. In case the birth of any child shall occur without the presence of a physician, the mother shall be required to appear in person at the office of the Commissioner of Health, or to send a responsible person to the office, for the purpose of obtaining a birth certificate, and to give attendance upon the mother, immediately thereafter. It shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 May

4. Place of Birth, (Street and Number) 1104 E. Hamburg St

5. Full Name of Mother, Annie P. Hill

6. Mother's Maiden Name, Monaghan

7. Mother's Birthplace, Balto

8. Full Name of Father, William H. Hill

9. Father's Occupation, Fireman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Brink

Address, 1828 Light St

Remarks, Cony Well

18940003114

begin conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to the clerk of the Board of Health, and shall occur without the attendance of a physician, and the certificate shall be filed in the office of the Commissioner of Health, and the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 50*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *May 18 1874*
 4. Place of Birth, (Street and Number) *504 E. Main St 50*
 5. Full Name of Mother, *Mary Kratzer*
 6. Mother's Maiden Name, *Mary White*
 7. Mother's Birthplace, *Baltimore M. D.*
 8. Full Name of Father, *Johnny Kratzer*
 9. Father's Occupation, *Carben*
 10. Father's Birthplace, *Baltimore M. D.*
 Name of Medical Attendant, or other person who makes this Return, *Ellen G*
 Address, *504 E. Washington St*
 Remarks, _____

8 9 4 0 0 0 3 1 1 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 &c

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, 10 May - 1894

4. Place of Birth, (Street and Number) 516 Washington St

5. Full Name of Mother, Laura Johnson

6. Mother's Maiden Name, - Laura Chaney

7. Mother's Birthplace, Baltimore MD

8. Full Name of Father, William Johnson

9. Father's Occupation.....Lumber

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, E. W. Smith

Address, 304 S. Washington St.

Remarks. -

8 9 4 0 0 0 3 1 1 6

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on a day when the practitioner is absent, the certificate may be signed by another person in his or her stead, and in such case the name of the person so signing shall be written in the certificate. In the event of the death of a child, the certificate shall be signed by the practitioner, or in his or her absence, by another person, and shall be delivered to the Commissioner of Health, in the manner and within the time period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offense, to be covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 771

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth*,

4. *Place of Birth, (Street and Number,*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address... 1939 Hull St.

Remarks. 8 9 4 0 0 0 3 | 1 1 8

RETURN OF A BIRTH. CERTIFICATE AMENDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56367
 11-17-65

Name: Jillie Reichman
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 16 May 1894
 4. Place of Birth, (Street and Number) 1407 N. EICHMAN
 5. Full Name of Mother, Julia Reichman
 6. Mother's Maiden Name, W. Austria
 7. Mother's Birthplace, Poland
 8. Full Name of Father, Wolf Reichman
 9. Father's Occupation, tailor
 10. Father's Birthplace, Austria
 Name of Medical Attendant, or other person who makes this Return, _____
 Address, _____
 Remarks, _____

any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

6940003119

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a practitioner, the parent or person who immediately thereafter shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male - Louis Leonard Barr

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 14

4. Place of Birth, (Street and Number) 2 E. Pratt St

5. Full Name of Mother, Ezra Barr

6. Mother's Maiden Name, Anna

7. Mother's Birthplace, Russia

8. Full Name of Father, Joseph Barr

9. Father's Occupation, Black Smith

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Chasman

Address, 211 W. Main St

Remarks, Full given name added by sister upon applying for a transcript.

Sis Janey R. Gerson L. E. Helm Birth Clerk

May 21 - 1927

any child, if any, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the parent or other person in whose household the child is born, shall be to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 d.*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *May 16, 1892, Evening*

4. Place of Birth, (Street and Number) *1911, Patrick Road, near Manor Hall*

5. Full Name of Mother, *Rosa Burinsky.*

6. Mother's Maiden Name, *Kardasz.*

7. Mother's Birthplace, *2, Poland.*

8. Full Name of Father, *John Burinsky.*

9. Father's Occupation, *Tailor.*

10. Father's Birthplace, *2, Lithuania - Russian.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. M. Korne, from the*

Address, *Evening Dispensary, 614 S. Charles Street.*

Remarks, _____

1 8 9 4 0 0 0 3 1 2 1

Printed by J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

May 16 - 1894

822 N. Wolfe St

Bertha. Mitchison

Lucy

Switzerland

Wm O. Mitchison

Heimper

England

Nancy Stein

Address, 1427 E. Pratt St.

8 9 4 0 0 0 3 1 2 2

any shall have
said schedule shall be delivered, duly signed by the parents, the date and place of birth; and the
third day of each and every month to the office of the Commissioner of Health.
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such
child, or of the mother, immediately thereafter, to comply with the provisions of the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of the period above required, and
be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 May 91

4. Place of Birth, (Street and Number) West 3441

5. Full Name of Mother, Mamie Jones

6. Mother's Maiden Name, Mamie Folin

7. Mother's Birthplace, Balto

8. Full Name of Father, Samuel Jones

9. Father's Occupation, Labor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. E. A. Brundage

Address, 1827 Grafton St

Remarks, Doing Well

1 8 9 4 0 0 0 3 1 2 3

RETURN OF A BIRTH.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 3 1 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, his sex, color, the full name and occupation of its father, the date and place of birth, and the third day of its birth, shall be delivered, duly signed by the practitioner in the form of a certificate, and the certificate shall be filed in the office of the Commissioner of Health. In case the birth or death of a child shall occur without the attendance upon the mother, immediately thereafter the practitioner shall report its birth to the Commissioner of Health, in the manner and within the time required, and any failure to do so shall hereafter fall to comply with the provisions of this section, and the practitioner shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56373

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Cokeret*

3. Date of Birth, *May 17 1894*

4. Place of Birth, (Street and Number) *1636 Muliken St.*

5. Full Name of Mother, *Ellen Conner*

6. Mother's Maiden Name, *Haddkins*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Newton Conner*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Tennessee*

Name of Medical Attendant, (or other person who makes this return), *Mary Stein*

Address, *1421 E. Pratt St.*

Remarks, _____

6940003125

being delivered, with the child as far as the same can be ascertained, the full name and occupation of its parents, and the place of birth; and the third day of its birth, if it be delivered, duly signed by the practitioner in the form of a certificate, and the same shall be filed in the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician, or shall occur in the absence of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such family to report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section, and any person who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17th May
4. Place of Birth, (Street and Number) 418 E. High St.
5. Full Name of Mother, Ida Samster
6. Mother's Maiden Name, Ida Smith
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Samster
9. Father's Occupation, Social profession
10. Father's Birthplace, England
- Name of Medical Attendant, or other person who makes this Return, Mrs. D. Bird Mendenhall
- Address, No 506 E. High St.
- Remarks, ...

8940003126

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth,
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father,
 9. Father's Occupation,
 10. Father's Birthplace,
 Name of Medical Attendant, or other person who makes this Return.
 Address,
 Remarks,

RETURN OF A BIRTH. 56375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, May the 17 18-94
 4. Place of Birth, (Street and Number) Irving Place 14-04
 5. Full Name of Mother, Laura E. Kraus
 6. Mother's Maiden Name, Laura E. King
 7. Mother's Birthplace, Delaware
 8. Full Name of Father, George M. Kraus
 9. Father's Occupation, Brickman
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return. Dr. J. E. Kelly
 Address, No 19-22 W. Wilkins Ave
 Remarks, 18940003127

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*10. *Father's Birthplace*

Name of Medical Attendant.

Address.

Remarks.

8 9 4 0 0 0 3 1 2 8

been conferred, its sex, color, the full name and occupation of its parents, the date and place of its birth, and the date of its registration. The form of a certificate between the parents and the physician or practitioner of midwifery, in case the birth of any child shall occur without the attendance upon the mother, immediately after the birth, shall become the duty of the person so attending, and within the period above required, to report to the Commissioner of Health, in such manner as may be prescribed by this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 17, 1894.
4. Place of Birth, (Street and Number) 565-Reliant av.
5. Full Name of Mother, Annie Roberta Cornes.
6. Mother's Maiden Name, Donaldson.
7. Mother's Birthplace, Ind.
8. Full Name of Father, William D. Hillman Cornes.
9. Father's Occupation, Druggist.
10. Father's Birthplace, Ind.
- Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.
- Address, 291 Chestnut av.
- Remarks, _____

8940003129

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the space provided for the purpose, to the mother, or to the person or persons who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd to 3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *17th May*
4. Place of Birth, (Street and Number) *439 Grambi st*
5. Full Name of Mother, *Minnie Theiler*
6. Mother's Maiden Name, *European*
7. Mother's Birthplace, *European*
8. Full Name of Father, *Abraham Theiler*
9. Father's Occupation, *Physician*
10. Father's Birthplace, *European*
- Name of Medical Attendant, or other person who makes this Return, *Lina Handler*
- Address, *1113 E. Pratt st*
- Remarks, *1113 E. Pratt st*

8940003130

been conferred; its sex, color, the full name and occupation of its parents, the date of its birth, the name of the practitioner in the form of a certificate between the parent and the child, and the name of the person who makes this Return, shall be recorded in the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter, in the manner and within the time provided for in the provisions of this section, shall be in any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1st
1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... Nov 17, 1894
4. Place of Birth, (Street and Number)..... 3114 G. Carroll St.
5. Full Name of Mother,..... Jessie Buxton
6. Mother's Maiden Name,..... George Baldwin
7. Mother's Birthplace,..... P. Virginia
8. Full Name of Father,..... George Buxton
9. Father's Occupation,..... American railroad
10. Father's Birthplace,..... Alabama
- Name of Medical Attendant, or other person who makes this Return,..... J. M. L. L. L.
- Address,..... 127 Canton St.
- Remarks,.....

8940003131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

51

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race).

Black

3. *Date of Birth.*

May 17, 1894.

4. *Place of Birth.* (Street and Number)

17, 1894.
247 Broadway

5. *Full Name of Mother.*

Sarah Green

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*9. *Father's occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Harry M. Arthur M.D.
In Resid't - Phys.

Address Freezing Point Hospital

Dr. Res't Phys-
622 W. Lombard St

Remarks,

1 8 9 4 0 0 0 3 1 3 3

RETURN OF A BIRTH. 56382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every child, if any shall have been born, or shall be born, in Baltimore City, the date and place of birth, the sex and color, the name of the mother, the name of the father, the name of the mother's maiden name, the name of the father's occupation, the name of the father's birthplace, the name of the medical attendant, the name of the person who makes this return, the address, and the date of birth, shall be reported to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, by the person who shall be the father of the child, or by the mother, or by the medical attendant, or by the person who makes this return, or by any other person who shall be authorized by the Registrar of Vital Statistics, Board of Health, Baltimore City, to report the birth of the child. The person who shall be the father of the child, or the mother, or the medical attendant, or the person who makes this return, or any other person who shall be authorized by the Registrar of Vital Statistics, Board of Health, Baltimore City, to report the birth of the child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 May 1894

4. Place of Birth, (Street and Number) 2207 - Essex St

5. Full Name of Mother, Emma Hughes

6. Mother's Maiden Name, Emma Hoffman

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, William Hughes

9. Father's Occupation, Lawyer

10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 569 So. Washington St.

Remarks, 18940003134

RETURN OF A BIRTH. 56383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, May 18th
 4. Place of Birth, (Street and Number) 1009 Jordan Alley
 5. Full Name of Mother, Lottie R. Wilson
 6. Mother's Maiden Name, Lottie R. Harris
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Samuel Wilson
 9. Father's Occupation, Printer
 10. Father's Birthplace, Scot. Hill Md.
 Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Johnson
 Address, 704 Lyson St.
 Remarks,

18940003135

RETURN OF A BIRTH.

56384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

I hereby certify that the foregoing is a true and correct copy of the original as filed in my office, and that the same has been duly filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 18/94

4. Place of Birth, (Street and Number) 2126 Jefferson Str.

5. Full Name of Mother, Balmina Herbert

6. Mother's Maiden Name, Schirmer

7. Mother's Birthplace, Balto.

8. Full Name of Father, Frank Herbert

9. Father's Occupation, Builder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Daisenhofer

Address, 2225 Gragh Str.

Remarks,

8940003136

56386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been countersigned by sex, color, the full name and occupation of its parent, the name of each child, if any shall have been delivered, this signed by the practitioner in the form of a certificate best of birth and the child shall occur every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother immediately hereafter, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of such act, and each parent or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 18 1894*

4. Place of Birth, (Street and Number) *No. 1949 Rignith st.*

5. Full Name of Mother, *Elizabeth Schouler.*

6. Mother's Maiden Name, *Elizabeth Chromium.*

7. Mother's Birthplace, *Peru, Mass.*

8. Full Name of Father, *Geo. W. Schouler.*

9. Father's Occupation, *Clerk.*

10. Father's Birthplace, *Mass and*

Name of Medical Attendant, or other person who makes this Return, *Aug. A. Blinell M.D.*

Address, *1741 Hartford ave.*

Remarks, _____

8 4 4 0 0 0 3 1 3 8

When conferred, his sex, color, the full name and occupation of his parents, the date and place of birth, and the date and place of delivery, shall be ascertained and recorded by the Registrar of Health. If any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance be present, the Registrar of Health shall become the duty of the person or persons of such child to report its birth to the Registrar of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56 388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... II

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

Black

3. Date of Birth,...

May 18, 1894

4. Place of Birth, (Street and Number)...

Freezing Hospital 622 W. Lombard St. Doral Md.

5. Full Name of Mother,...

Annie Mackall

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other person who makes this Return,...

Henry A. Arthur M.D.

Address,...

Freezing Hospital

622 W. Lombard St. Doral Md.

Remarks,...

18940003140

RETURN OF A BIRTH. 56389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 272

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. Place of Birth, (Street and Number) *Do.*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

S. Full Name of Father,

9. *Father's occupation.*10. *Father's Birthplace.*

Name of Medical Attendant *J. F. [illegible]* or other person who makes this Return *J. F. [illegible]*

Address Freezing Point Hosp

Remarks. ...

1 8 9 4 0 0 0 3 1 4 1

[illegible]

been challenged, it is the duty of the parent, or the person who has charge of the child, to file a return of the birth of such child, in the manner and within the time prescribed in this section, and to pay the fee thereon. If any person shall fail to do so, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 18, 94
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Lombard St.
5. Full Name of Mother, Eliza Brown
6. Mother's Maiden Name, Eliza Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, X
9. Father's Occupation X
10. Father's Birthplace, X
- Name of Medical Attendant, or other person who makes this Return, Alfred J. Sunday M.D.
- Address, Maternity Hospital
- Remarks, _____

18940003142

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the presence of the mother, to the Registrar of Health, on the day of the birth of the child, or, in case the birth of any child occurs on a Sunday or a legal holiday, on the first day thereafter, and the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period and under the penalty provided in this act, and any such person or persons who shall be required to report the birth of a child, and who shall fail to do so, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, May 18, 1894.

4. Place of Birth, (Street and Number) Free Spring Hospital, 622 W. Lombard St.

5. Full Name of Mother, Lucy Robinson

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry A. Arthur M.D.

Address, Free Spring Hospital, 622 W. Lombard St.

Remarks, _____

18940003143

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, in case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance, to the Commissioner of Health, in the manner and within the period of time prescribed in this section, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *17 May 1874*

4. Place of Birth, (Street and Number) *17 W. 4th St.*

5. Full Name of Mother, *Maggie H. Hutton*

6. Mother's Maiden Name, *Maggie H. Hutton*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *A. H. Hutton*

9. Father's Occupation, *Care Worker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *C. A. Brooks*

Address, *1525 York St.*

Remarks, *Doing Well*

1 8 9 4 0 0 0 3 1 4 4

RETURN OF A BIRTH. 56395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 19th 1894

4. Place of Birth, (Street and Number) No. 16 Lehman St.

5. Full Name of Mother, Lizzie Steinacker

6. Mother's Maiden Name, Lizzie Fowler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Steinacker

9. Father's Occupation, Stone-mason

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, _____

1 8 9 4 0 0 0 3 1 4 7

RETURN OF A BIRTH. 56396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1d.

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race).
3. Date of Birth, May 19. (10, 30, o'clock evening).
4. Place of Birth, (Street and Number) 208 Pennsylvania Ave. Wash. D.C.
5. Full Name of Mother, Cecilia Buchner.
6. Mother's Maiden Name, Taylor.
7. Mother's Birthplace, Howard County, Md.
8. Full Name of Father, John Ludwig Buchner.
9. Father's Occupation, Worker.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Address, Rowing Dispensary, 614 S. Chestnut St.

Remarks.

8 9 4 0 0 0 3 1 4 8

Register of each birth and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, the sex, the month, and the name of the child, the name and occupation of its parents, the date and place of birth, and the date and place of residence of the mother. The schedule shall be filled out by the practitioner, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health, and shall be retained by him for a period of one year. The practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in conformity with the provisions of this section, shall be authorized to receive for each birth, to be reported, the sum of five dollars, to be paid to the person or persons so authorized by the date of its birth, and for each offence, to be discovered as other fines and forfeitures are recoverable.

NOTE.—The birth of a child, as far as the same can be ascertained, the full name of each child, its sex, color, date and place of birth, and the name and occupation of its parents, the date and place of birth, and the date and place of birth of its mother, shall be reported to the Office of the Registrar of Vital Statistics, Baltimore City, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or persons of such child, or the duty of the person or persons of such child, shall be to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *novel William Joseph Cilento*

1. Sex, (state whether male or female). *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 19 - 1894*

4. Place of Birth, (Street and Number) *25 S. Exeter St.*

5. Full Name of Mother, *Adeline (Solindo) Cilento*

6. Mother's Maiden Name, *Straub*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph (Solindo) Cilento*

9. Father's Occupation, *Iron Worker*

10. Father's Birthplace, *Italia*

Name of Medical Attendant, or other person who makes this Return, *Mary Stein*

Address, *1427 E Pratt St.*

Remarks,

18940003149

month, and shall set forth as far as the signature of the mother, or her care during the
been conferred; its sex, color, the full name and occupation of the mother, the date and place of birth; and the
shall occur within the every month to the office of the Commissioner of Health, or the practitioner in the district in which the birth occurred, or the first and
attendance upon the mother, immediately thereafter, in the manner and within the time required, and
to report its birth to the Commissioner of Health, in the manner and within the time required, and
any person who shall hereafter fail to comply with the provisions of this section, shall be
jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May the 19-18-94

4. Place of Birth, (Street and Number) Wilkins Ave No 21-33

5. Full Name of Mother, iday B fisher

6. Mother's Maiden Name, iday B stivers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, george T fisher

9. Father's Occupation, Conductor

10. Father's Birthplace, Frederick, E. O. M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Fisher

Address, No 19-22 Wilkins Ave

Remarks,

5940003150

56400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

1. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 3 1 5 2

been conferred) its sex, color, the full name and occupation of its mother, the name of the practitioner in the form of a certificate shall be delivered to the Registrar of Health, and the day of each and every month to the office of the Registrar of Health. In case the mother is between the first and third day of the month, the child shall be reported to the Registrar of Health, or should no other person or any child be reported to the Registrar of Health, in the manner and within the time specified, the person or parents of such child shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____ 8th

1. Sex, (state whether male or female) _____ Female

2. Race or Color, (if not of the white race) _____ White

3. Date of Birth, _____ 19th of May 1900

4. Place of Birth, (Street and Number) _____ 19th Frederick Ave

5. Full Name of Mother, _____ Theresia Baumann

6. Mother's Maiden Name, _____ Therese Reitz

7. Mother's Birthplace, _____ Germany

8. Full Name of Father, _____ Friedrich Baumann

9. Father's Occupation, _____ Schreiner

10. Father's Birthplace, _____ Germany

Name of Medical Attendant, or other person who makes this Return, _____ Friederike Hauke midwife

Address, _____ 2116 West Pratt St.

Remarks, _____

1 8 9 4 0 0 3 1 5 3

RETURN OF A BIRTH. 56402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

When a child is born, the mother or other person who has the care of the child, shall, within three days after the birth, report the birth to the Registrar of Vital Statistics, and shall file a return of the birth, in the form provided for that purpose, and shall pay the fee thereon. The Registrar of Vital Statistics shall, upon receipt of the return, issue a certificate of birth, and shall file the return in the office of the Registrar of Vital Statistics. The Registrar of Vital Statistics shall, upon receipt of the return, issue a certificate of birth, and shall file the return in the office of the Registrar of Vital Statistics. The Registrar of Vital Statistics shall, upon receipt of the return, issue a certificate of birth, and shall file the return in the office of the Registrar of Vital Statistics.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) May 19 1894
 3. Date of Birth, 535 S. Chappel St.
 4. Place of Birth, (Street and Number) Mary Daude
 5. Full Name of Mother, Brogan
 6. Mother's Maiden Name, Ireland
 7. Mother's Birthplace, Charles Daude
 8. Full Name of Father, Laboren
 9. Father's Occupation, Ireland
 10. Father's Birthplace, Mary Stein
 Name of Medical Attendant, or other person who makes this return, E. Pratt H.
 Address, 1427 E. Pratt St.
 Remarks, 18940003154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....1st

1. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 19 94.

4. Place of Birth. (Street and Number) *Children's Hospital 115 16 Lombard St*

5. Full Name of Mother, Mary Fulk

6. Mother's Maiden Name, Mary Falk

7. Mother's Birthplace, Maryland

8. Full Name of Father,.....X

9. *Father's Occupation*.....X

10. *Father's Birthplace,* X

Name of Medical Attendant, or other person who makes this Return Alfred Sunday M.D.

Address, Maternity Hospital

Remarks, -----	8	9	4	0	0	0	3	1	5	5
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RETURN OF A ^{Over}BIRTH 56404

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 20

4. Place of Birth, (Street and Number)

20 S. Collington Ave.

5. Full Name of Mother,

Margaret Heddinger

6. Mother's Maiden Name,

Margaret Bennett

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Chas. Foster Heddinger

9. Father's Occupation,

Sol. Asst. Quartermaster Air Line

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Dr. Flora A. Brewster

Address,

Remarks, Full name of child - James Daniel Heddinger

RETURN OF A BIRTH. 564035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 3 1 5 7

RETURN OF A BIRTH.

56406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10d.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, May 20 (2:30 Afternoon).

4. Place of Birth, (Street and Number) 145 N. West Street.

5. Full Name of Mother, Katie Gregory.

6. Mother's Maiden Name, Peere.

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Carl Robert Gregory.

9. Father's Occupation, Cane maker.

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mr. M. Kanne from

Address, The Evening Dispensary 614 E. Charles Street.

Remarks,

18940003158

any child have
and the
the date and place of birth; and the
in the form of a certificate
the birth of any child
or should no other person be in
the manner and within the time
and the person so acting shall be sub-
ject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of the mother, the full name of each child, if any shall have been born to the mother, the date and place of birth, and the day of the month in which the child was born, and the name of the practitioner in the form of a certificate, and the certificate shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of midwifery, or should no other person be in attendance upon the mother, to report its birth to the Commissioner of Health, in the manner and with the provisions of this section required, and persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 20, 1894

4. Place of Birth, (Street and Number) 48 E. Glenmelta St.

5. Full Name of Mother, Elizabeth Williams

6. Mother's Maiden Name, Elizabeth Ackerman

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, William H. Williams

9. Father's Occupation, Letter Carrier

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Theodore Becker, M.D.

Address, 914 St. Charles St.

Remarks, Baltimore.

8940003159 Md

RETURN OF A BIRTH. 56408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth, ... 20 May ...

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1578 Highland St.

Remarks, *Long Hill*

8 9 4 0 0 0 3 1 6 0

[illegible]

RETURN OF A BIRTH. 56409
e of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 20th, 1894

4. Place of Birth, (Street and Number) No. 1805 E. Halsted St. Chicago, Ill.

5. Full Name of Mother, Mrs. Ida May Switzer

6. Mother's Maiden Name, *Ida May Vincent*
7. Mother's Birthplace, *Woodbury, Md.*
8. Full Name of Mother, *Ida May Vincent*

7. Mother's Birthplace, Ward Ferry, Md.
8. Full Name of Father, Charles E. Spritz
9. Full Name of Mother, Anna May Vincen

8. Full Name of Father, Charles E. Switzer
9. Father's Occupation, House & Sign Painter

9. Father's Occupation, *House & Sign Painter*
10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, Am. Ernest Miller M.D.
Address, 2239 Pennsylvania Ave.

Address, 2239 Pennsylvania Ave, — City, — State, —
Remarks, —

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 4 0 0 0 3 1 6 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Oden B Pyle
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 3 1 6 3

[illegible]

RETURN OF A BIRTH. 56412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female). Boys Male

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, May 20 1894

4. Place of Birth, (Street and Number) 1015 E Lombard St

5. Full Name of Mother, Sarah Henken

6. Mother's Maiden Name, Sarah Schenck Solowitch

7. Mother's Birthplace. Russia

8. Full Name of Father, Pinell Hansen

9. Father's Occupation, *Julior*

10. *Father's Birthplace.* Russia

Name of Medical Attendant, or other person who *Mrs. C. F. G. L. H. M.*

Address. 1019 E. Lombard St.

Remarks.

8 9 4 0 0 0 3 1 6 4

Printed at City's Mercantile, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56413

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

14th
7

1. Sex, (state whether male or female)

W.

2. Race or Color, (if not of the white race)

May 20th

3. Date of Birth,

1505 Spruce

4. Place of Birth, (Street and Number)

Kate Harris

5. Full Name of Mother.

Franklin

6. Mother's Maiden Name.

Poland

7. Mother's Birthplace,

James Harris

8. Full Name of Father.

Taylor

9. Father's Occupation,

Poland

10. Father's Birthplace,

Alfred W. Hirsch

Name of Medical Attendant, or other Person who makes this Return

6-S-Exhibit

Address,

Remarks,

RETURN OF A BIRTH. 56414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. th

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth, May, 20. th

4. Place of Birth, (Street and Number) 1339. Hull St.

5. Full Name of Mother, Marie Reinhardt.

6. Mother's Maiden Name, Marie Boecker.

7. Mother's Birthplace, Germany

8. Full Name of Father, Franz Reinhardt.

9. Father's Occupation, Stone Worker.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annelie Boecker

Address, 1339 Hull St.

Remarks,

18940003166

Commissioner of Health, and shall set forth as far as the same may be known, the full name of each child, (if any, shall have been conferred) its sex, date of birth, place of birth, and occupation of its parents, the date and place between the first and second child of each, and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and to the effect hereinafter provided, shall require, and child to report in person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female) male.

2. Race or Color, (if not of the white race) 20 The Mass

3. Date of Birth, 1234 Canton street

4. Place of Birth, (Street and Number) Anna Baboischa

5. Full Name of Mother, Robert

6. Mother's Maiden Name, Germany.

7. Mother's Birthplace, Ernie Reckelsa

8. Full Name of Father, Gabriel Germany

9. Father's Occupation, Germany

10. Father's Birthplace, 16 B Licesen

Name of Medical Attendant, or other person who makes this Return, 1225 Hare street

Address, _____

Remarks, _____

8 9 4 0 0 3 1 6 7

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month, to the office of the Commissioner of Health, or in case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or the person or persons be in attendance, to the office of the Commissioner of Health, immediately thereafter it shall become the duty of the person or persons in attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20th 1894
4. Place of Birth, (Street and Number) 131 Little Gough St.
5. Full Name of Mother, Mary A. Maynes
6. Mother's Maiden Name, Mary A. Hart
7. Mother's Birthplace, Franklin Co. Pennsylvania
8. Full Name of Father, John A. Maynes
9. Father's Occupation, Clerk
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return, A. G. Haddon
- Address, 1307 N. Central Ave.
- Remarks,

1 8 9 4 0 0 0 3 1 6 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant who attended at its birth, and the name of the person who made this return. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person who made this return shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6d.*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *May 20. (1 o'clock Morning).*

4. Place of Birth, (Street and Number) *12. Rossuth Street old Frederick*

5. Full Name of Mother, *Mary Jefferson*

6. Mother's Maiden Name, *Ginnick*

7. Mother's Birthplace, *Dublin - Ireland*

8. Full Name of Father, *John F. Andrew Jefferson*

9. Father's Occupation, *Worker*

10. Father's Birthplace, *Tarsoop - Denmark*

Name of Medical Attendant, or other person who makes this Return, *Mrs. M. Kamey from the*

Address, *Loving Dispensary 514 E. Charles Street*

Remarks, _____

1 8 9 4 0 0 3 1 6 9

RETURN OF A BIRTH. 56418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black.

3. Date of Birth. May 20, 1896

4. Place of Birth, (Street and Number) King St Court

5. Full Name of Mother. Florence Davis

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, Harry N. Arthur M.D.
or other person who makes this Return. Resident Phys.

Address Freezing Point Hospital 622 W. Lombard St

Remarks,

8940003170

After its birth, every child shall be registered during the first week of its birth, and a certificate of birth shall be conferred, its sex, color, the day signed by the practitioner of health, in case of the person or parents of such child, shall be delivered to the office of the Registrar of Health, within the month of the birth, and the person or parents of such child shall be liable to a fine of ten dollars for each child to report its birth, and any person who shall be liable to a fine of ten dollars for each child, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten dollars for each offense.

been conferred, its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner duly licensed by the Board of Health, the person or persons who shall deliver the child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 114
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, May 20, 1894
4. Place of Birth, (Street and Number) 6 Redgrave's Court
5. Full Name of Mother, Mollie Hawkins
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return Harry A. Arthur M.D.
- Address Friedberg's Hospital, Dr. Resd's Phys - 622 W. Lombard St
- Remarks, _____

1 8 4 4 0 0 0 3 1 7 1

RETURN OF A BIRTH. 56422

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John A. Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks

8 9 4 0 0 0 3 1 7 4

56 423

1. *Chlorophyll a* (Chl a) and *Chlorophyll b* (Chl b) are the two main photosynthetic pigments in green plants. They are responsible for capturing light energy and converting it into chemical energy through the process of photosynthesis. Chl a is the primary pigment, while Chl b acts as an accessory pigment, transferring energy to Chl a.

525

Handwritten signature

~~white~~

21 Mar

721 *Forest*

[Handwritten signature]

[Faint, illegible handwriting]

Butler James M.

Kathleen Jones

Robert

Re: James M. M.

Wm. J. G. Smith, Michigan.

14 506 *Thiel*

8 9 4 0 0 0 3 1 7 5

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 56424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) -

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 3 1 7 6

RETURN OF A BIRTH. 56927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) Am 21 - 1894

3. Date of Birth, _____

4. Place of Birth, (Street and Number) - 142 E. 10th St. Harris

5. Full Name of Mother, William
Black

6. Mother's Maiden Name, *Prunella*

7. Mother's Birthplace, Germany

8. Full Name of Father, Lester L. Lakeron

9. *Father's Occupation* Self-employed

10. Father's Birthplace, *Prussia* *Maria Stein*

Name of Medical Attendant, or other person who makes this Return, _____

Remarks.

3 4 0 0 0 3 1 7 9

month, and shall set forth as follows: the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother, or the father, or the mother and father, or any child, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name William Foertsch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22nd May 1894

4. Place of Birth, (Street and Number) 222 Rose St.

5. Full Name of Mother, (Elie. Foertsch) Elizabeth Foertsch

6. Mother's Maiden Name, Ellinghaus

7. Mother's Birthplace, Balto.

8. Full Name of Father, (Lawrence Foertsch) Lawrence Foertsch

9. Father's Occupation, Wagoner (macker)

10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Address, 2522 Saint Ger.

Remarks, _____

18940003180

...shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 22nd

4. Place of Birth, (Street and Number) 1714 Edgington Ave

5. Full Name of Mother, Katie Bergman

6. Mother's Maiden Name, Katie Kunnings

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Bergman

9. Father's Occupation, Cook & Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Brown

Address, 1600 N. Chester St near Jay

Remarks, _____

1 8 9 4 0 0 0 3 1 8 2

RETURN OF A BIRTH 56431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Smith

1. Sex, (state whether male or female) Male

Male

2. Race or Color, (if not of the white race)

white

3. *Date of Birth.*

May 22nd / 1894

4. *Place of Birth, (Street and Number)*

2123 Vine St

5. Full Name of Mother,

Mrs. Emma J. Geldmacher

6. *Mother's Maiden Name.*

Miss Emma J. Smith

7. *Mother's Birthplace.*

Baltimore Md.

8. *Full Name of Father,*

Mr. W. Henry Geldmacher

9. *Father's Occupation.*

Hair Spinner

10. *Father's Birthplace.*

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Basil J. Short M. 10.

Address,

J. S. Fulton Adv.

Remarks, Midwife in attendance. Was called in to reason

adhesus placenta 4 0 0 0 3 1 8 3

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the father and mother of each child, and the date and place of birth; and the full schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, at the office of the Commissioner of Health, in the city of New York, on or before the first day of the month following the month in which the birth of the child shall occur, without the necessity of the attendance upon the mother, immediately thereafter, of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, of the person or persons of the family of the mother, in order that the birth of the child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and the names of the mother or persons who shall hereafter fail to comply with the provisions of this section, required to be paid to the Commissioner of Health, in the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and the time of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....5th

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth, 22 May 1874
4. Place of Birth, (Street and Number)..... 715 W 4th St
5. Full Name of Mother, Maggie Schram
6. Mother's Maiden Name, Maggie Seibert
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Schram
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 E Washington St

Remarks.

RETURN OF A BIRTH. 56433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and the sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance, in the manner and within the period above required, and any such person or persons shall be liable to the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *May 22*
 4. Place of Birth, (Street and Number) *1140 Crookier St. Mount Airy*
 5. Full Name of Mother, *Julia E. Wilson* *Baltimore*
 6. Mother's Maiden Name, *Julia E. Joyce*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John Albert Wilson*
 9. Father's Occupation, *Rigger*
 10. Father's Birthplace, *Sweden*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Ettel*
 Address, *1619 Bula St*
 Remarks, *Bath*

18940003185

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Births, on or before the third day of each and every month to the office of the Registrar of Births, in case the birth of any child shall occur without the intervention of a practitioner of midwifery, or should no other person be in attendance on the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, but any such person or persons who shall hereafter fail to comply with this provision shall be liable to be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd time*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *22nd May*
4. Place of Birth, (Street and Number) *217 E. Fayette St*
5. Full Name of Mother, _____
6. Mother's Maiden Name, *Rachel Rosin*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Sam Rosin*
9. Father's Occupation, *Work in a Store*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, _____ or other person who makes this Return.
- Address, *L. Handler*
- Remarks, *1113 E. Pratt St*

8940003186

RETURN OF A BIRTH. 56435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) _____
 Date of Birth, May 22 1894
 Place of Birth, (Street and Number) 710 E. Broadway
 Full Name of Mother, Teresa Restivo
 Mother's Maiden Name, Mannina
 Mother's Birthplace, Italia
 Full Name of Father, Phillipo Restivo
 Father's Occupation, Fruit Dealer
 Father's Birthplace, Italia
 Name of Medical Attendant, or other person who procured this Return, Mary Stein
 Address, 1427 E. Pratt St.
 Remarks, _____

1 8 9 4 0 0 0 3 1 8 7

56436

[illegible]

- 56436
- 11.
- Vital Statistics, Board of Health, Baltimore City.
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 Mar
4. Place of Birth, (Street and Number) 1524 Boyle St.
5. Full Name of Mother, Maria Luehhardt
6. Mother's Maiden Name, " Löser
7. Mother's Birthplace, Germany
8. Full Name of Father, Christ. Luehhardt.
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Dr. J. M. J.
- Address, 1321 Hull St. Louis Point
- Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

~~8940003188~~

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 22^d 1894*

4. Place of Birth, (Street and Number) *215 Falls Road, Hampden*

5. Full Name of Mother, *Albena Fisher*

6. Mother's Maiden Name, *Albena Parks*

7. Mother's Birthplace, *Waynesboro, Pa.*

8. Full Name of Father, *Charles H. Fisher*

9. Father's Occupation, *Milkman*

10. Father's Birthplace, *Balk. Co. Md.*

Name of Medical Attendant, or other person who makes this Return, *Geo. T. Showen, M.D.*

Address, *421 Rolands Ave. Hampden*

Remarks,

18940003189

RETURN OF A BIRTH.

56438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred his secretary in the same can be ascertained the full name of each child, if any shall have
said schedule shall be delivered to the full name and occupation of its parents, the place of birth, and the
shall be the day of each and every month to the office of the practitioner in the form of a certificate, and the
attendant upon the birth of a child, or immediately thereafter, it shall become the duty of the practitioner, and
child to report its birth to the Registrar of Vital Statistics, in the manner and within the time required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be
fined to the tune of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22nd May

4. Place of Birth, (Street and Number) 328 B. Linckus st

5. Full Name of Mother, Katherine B. Waller

6. Mother's Maiden Name, "Marseller"

7. Mother's Birthplace, West Va.

8. Full Name of Father, Thadus. V. Waller

9. Father's Occupation, Carpenter

10. Father's Birthplace, Savannah Ga.

Name of Medical Attendant, or other person who makes this Return, M. J. Limon

Address, 1313 W. Balto st.

Remarks, Edward miller, strong child

18940003190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth. (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address: Freezing in Hospital 622

Remarks,

8 9 4 0 0 0 3 1 9 1

month, and shall set forth as far as the name can be ascertained, the full name of the mother, the date and place of birth; and the child, the sex, color, the full name of the father, the date and place of birth; and the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

I

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

May 22, 1894.

4. Place of Birth, (Street and Number)

630 Sarah Ann St.

5. Full Name of Mother,

Corinne Jackson

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Harry H. Arkwright M.D.

Address, Free Lying In Hospital,

Int. Res. Phys. 622 W. Lombard St.

Remarks, -

18940003192

[illegible]

RETURN-OF A BIRTH. 56441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health,
Charlotte Elizabeth Merchant 322

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race).
3. Date of Birth.
4. Place of Birth, (Street and Number).
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation.
10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

1 8 9 4 0 0 0 3 1 9-3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, May 27, 1895 _____
4. Place of Birth, (Street and Number) 2011 E. Chase Street _____
5. Full Name of Mother, Mary Ellen Hornberger _____
6. Mother's Maiden Name, Hamilton _____
7. Mother's Birthplace, Baltimore M.P. _____
8. Full Name of Father, Lohar Holstrom Hornberger _____
9. Father's Occupation, Iron _____
10. Father's Birthplace, Harford County Md. _____
- Name of Medical Attendant, or other person who makes this Return Mr. M. Kanne from _____
- Address, the Evening Dispensary, 614 E. Charleston _____
- Remarks, _____
- 18940003194

8 9 4 0 0 0 3 1 9 4

RETURN OF A BIRTH. 56443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 23. of May 1894.
4. Place of Birth. (Street and Number) 235. N. Chester St.
5. Full Name of Mother. Lidonie Mister
6. Mother's Maiden Name. Lidonie Michens
7. Mother's Birthplace. Somerset, Conn. M.D.
8. Full Name of Father. John Mister
9. Father's Occupation. Mariner M.D.
10. Father's Birthplace. Somerset, Conn. M.D.
- Name of Medical Attendant, or other person who makes this Return. Mrs. Ida Hill
- Address. 207. N. Castle St.
- Remarks.

940003195

This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the facts known to him or her, the date, time, place, sex, color, race, and shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother immediately thereafter, it shall become the duty of the person so reporting to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Twenty-third of May

4. Place of Birth, (Street and Number) 1503 Kinsett St

5. Full Name of Mother, Virginia E. Crawford

6. Mother's Maiden Name, Moore

7. Mother's Birthplace, Anantio Md

8. Full Name of Father, R. Lowe, Crawford

9. Father's Occupation, Conductor

10. Father's Birthplace, Anantio Md

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, _____

18940003196

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56445

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name: Joseph Ginzberg
No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd May
4. Place of Birth, (Street and Number) 606 W. German
5. Full Name of Mother, Helen Ginzberg
6. Mother's Maiden Name, - Solik
7. Mother's Birthplace, Russia
8. Full Name of Father, Solomon Ginzberg
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia
Name of Medical Attendant, or other Person who makes this Return
Address, Albert Litchfield M.D.
Remarks, 330 W. Charles St.

8940003197

RETURN OF A BIRTH. 56446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *IV*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *May 23, 1894*

4. Place of Birth, (Street and Number) *Free Episcopal Hospital 622 Lombard St*

5. Full Name of Mother, *Jennie Coleman*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, *Harvey K. Arthur M.D.*

Address, *Free Episcopal Hospital, 622 Lombard St*

Remarks, _____

56446003198

month, and shall set forth and sign the full name and occupation of its parents, the date and place of birth of the child, the sex, race or color, and the date and place of birth of the mother. In case the birth of any child shall occur without the attendance upon the mother by a physician or practitioner of midwifery, or should no other person be present at the birth of the child, the mother shall become the duty of the person so attending, and shall be liable to the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 121

1. Sex, (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 24

4. Place of Birth, (Street and Number) 858 Sharp St

5. Full Name of Mother, Amelia Woldkorn

6. Mother's Maiden Name, Kach

7. Mother's Birthplace, City

8. Full Name of Father, Gen Waldkorn

9. Father's Occupation Cigar-Making

10. *Father's Birthplace.* _____ *City*

Name of Medical Attendant, or other person who makes this Return.

Address, 371 Hawthorne St.

Remarks,

8 4 4 0 0 0 3 1 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24 / 94
4. Place of Birth, (Street and Number) Balt. No. 213 N. Wolfe St.
5. Full Name of Mother, Mrs. Lizzie Burns
6. Mother's Maiden Name, Mrs. Lizzie Baugward
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. Williams Burns
9. Father's Occupation Bricklayer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this return, Mrs. Josephine Kueger
Address, No. 2026 E. Fayette St.
Remarks,

8 4 0 0 0 3 2 0 0

RETURN OF A BIRTH. 56449
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Child of Mother, (State and City) _____

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child
 1. Sex, (state whether male or female). Female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, May 24 1904
 4. Place of Birth, (Street and Number) 207 S. Clinton St.
Elizabeth Bortner
 5. Full Name of Mother, Baltimore
 6. Mother's Maiden Name, Brandt
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Lewi Bortner
 9. Father's Occupation, Brickman on R. Road
 10. Father's Birthplace, York Pa
 Name of Medical Attendant, R. W. Mansfield M.D.
 Address, 179 Broadway
 Remarks,
- 18940003201

[illegible]

RETURN OF A BIRTH. 56450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex. (state whether male or female)...

2. Race or Color, (if not of the white race)- white

3. Date of Birth, 24 May

4. Place of Birth, (Street and Number) 613. 1st

5. Full Name of Mother, *Burleigh*

6. Mother's Maiden Name, Bridget Jones

7. Mother's Birthplace, Ireland

8. Full Name of Father, *William*

9. Father's Occupation Teacher

10. *Father's Birthplace, ...* *Ireland*

Name of Medical Attendant, or other person who makes this Return *John C. ...*

Address, Box 506, N. Miami, Fla.

Remarks,

8 9 4 0 0 0 3 2 0 2

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female)... female

2. Race or Color, (if not of the white race) — white race

3. Date of Birth. May, 24, 1894

4. Place of Birth, (Street and Number) 3131 Inneswood G. Baltimore

5. Full Name of Mother, Bertha Lunge

6. Mother's Maiden Name, Bertha Eberhard

7. Mother's Birthplace, Germany

8. Full Name of Father, Oscar Salazar

9. Father's Occupation Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. *H. Rudolph M.D.*

Address, 2151. Wilkens Ave. Baltimore. Md.

Remarks, Labor normal - duration 1 1/2 hours
position of child, left occiput - 200 cpts. undigested

RETURN OF A BIRTH. 56452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

8 9 4 0 0 0 3 2 0 4

RETURN OF A BIRTH. 56453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)-

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address *Freezing In Haspen*

Remarks.

8 9 4 0 0 0 3 2 0 5

RETURN OF A BIRTH. 56454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *M. A. C.*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, ^{or other person who}
makes this Return, *J. C. [Signature]*

Name of Member *Frederick J. Hospital*
Address *622 W. Lombard St*

Remarks.

8 9 4 0 0 0 3 2 0 6

[illegible]

RETURN OF A BIRTH. 56455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name and occupation of the father, the date and place of birth; and the date of the birth of the child, and the date and place of birth of the child. In case of a child born to a woman who has been confined before, the date and place of birth of the child shall be given in the form of a certificate between the father and the mother, signed by the father and the mother, and by the physician or practitioner of midwifery, immediately thereafter. If such certificate is not given, the father and mother shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 24
 4. Place of Birth, (Street and Number) 1001 Pennel Place
 5. Full Name of Mother, Ella Wright
 6. Mother's Maiden Name, Spence
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, James Wright
 9. Father's Occupation, Insurance Agent
 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, A. D. Brown M.D.
- Address, 1001 Pennel Place
- Remarks, _____

1 8 9 4 0 0 0 3 2 0 7

RETURN OF A BIRTH. 56456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *August 24*

4. Place of Birth, (Street and Number) *1111 Monument Ave*

5. Full Name of Mother, *Hermella Hunt*

6. Mother's Maiden Name, *Hermella Hunt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William H. Smith*

9. Father's Occupation, *Lab*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Charles B. Smith*

Address, *1132 Monument Ave*

Remarks, *1 8 9 4 0 0 0 3 2 0 8*

month, and shall get forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form and to the effect hereinafter set forth, on or before the third day of each and every month to the officer or officers, or practitioner or practitioners of midwifery, or should no other person be in attendance, to the Registrar of Health, in the manner and to the effect hereinafter provided. If any practitioner or practitioner of midwifery shall occur without the other, immediately thereafter, it shall become the duty of the person or persons of such attendance to report in birth to the Commissioner of Health, in the manner and to the effect hereinafter provided. If any such person or persons who shall be liable for each offense, to be recovered as other fines and forfeitures are recoverable, be rejected to the fine of ten (\$10) dollars for each offense.

RETURN OF A BIRTH. 56457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 25-94

4. Place of Birth, (Street and Number)

1040 N. Central Ave

5. Full Name of Mother,

Maggie E. Hazlip
Ellis

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Edwin Hazlip

9. Father's Occupation

Reed Worker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs. Mary A. Allwell

Address,

1438 N. Bond St

Remarks,

18940003209

RETURN OF A BIRTH. 56459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....3.

1. Sex, (state whether male or female).....female.

2. Race or Color, (if not of the white race) white

3. Date of Birth, 23 Mar 1900

4. Place of Birth, (Street and Number)-----1639 Quail St.

5. Full Name of Mother, Elizabeth Holman

6. Mother's Maiden Name, W. W. W. W.

7. Mother's Birthplace, Baltimore
La. Md.

8. Full Name of Father, John Robert

9. Father's Occupation.....

10. *Father's Birthplace,* England
1851

Name of Medical Attendant, or other person who makes this Return.

Address, 1331 Hurst

Remarks, -----

1 8 9 4 0 0 0 3 2 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 56460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation.*10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 3 2 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race).

3 Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Father's Birthplace, _____
Name of Medical Attendant, _____, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 3 2 1 3

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth in full, in the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, in the case of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such child in report its birth to the health officer, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child,

1. Sex, (state whether male or female).

Female.

2. Race or Color, (if not of the white race).

3. Date of Birth.

May 26th 1894.

4. Place of Birth, (Street and Number).

411 Park Ave.

5. Full Name of Mother,

Emily P. Carroll

6. Mother's Maiden Name,

" " Knorr.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

John Carroll.

9. Father's Occupation

Dress Goods.

10. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other person who makes this Return.

R. J. N. Tall, M.D.

Address.

524 Sharp St.

Remarks.

8940003214

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56463

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25 May.

4. Place of Birth, (Street and Number)

311 W. Franklin -

5. Full Name of Mother,

Minnie Garter

6. Mother's Maiden Name,

- Schirmer

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Emil. Garter -

9. Father's Occupation,

Electrician

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Alfred H. H. H. H. H.

Address,

6. S. E. H. H.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.

1 8 9 4 0 0 0 3 2 1 6

RETURN OF A BIRTH, 56465

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 2nd 1894

4. Place of Birth, (Street and Number) 1157 West Fort St

5. Full Name of Mother Caroline M. Achorn

6. Mother's Maiden Name Caroline Ames

7. Mother's Birthplace Wilming, N.C.

8. Full Name of Father Jacob B. Achorn

9. Father's Occupation Carpenter

10. Father's Birthplace Koe Island, Maine

Name of Medical Attendant, or other Person who makes this Return. Mr Conway

Address 1230 Battery Ave

Remarks fine healthy Boy Name

W. L. B. 4 0 0 0 3 2 1 7

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 56466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 3 2 1 8

RETURN OF A BIRTH 56467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

5th -
Male
White

May 26 1894
3042 Dillon St

Clara Hopkins
30 Cornhill

Baltimore Md

James Sproun Hopkins
Baltimore Md

1114 Chesebrough

E. Williams M.D.

18940003219

shall keep a true and correct copy of each birth and shall enter the name on a blank schedule, to be furnished by the Registrar of Births, and shall set forth as far as the name can be ascertained, the name of each child, if any shall have been conferred its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be delivered to the office of the Registrar of Births, within the third day of each month, to the office of the Commissioner of Health. In case the said person be in attendance upon the mother, immediately thereafter, it is the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th May 1892

4. Place of Birth, (Street and Number) 729 East 4th St.

5. Full Name of Mother, Mary Tancher

6. Mother's Maiden Name, Mary Gerhald

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John F. Tancher

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Gold

Address, No 506 1st High St.

Remarks, _____

18940003220

Wm. J. C. Dulany Co., City Printers and Stationers

Notice. - This certificate shall contain a list of the births which have occurred under the act or her rate during the month, and shall set forth as far as the same can be ascertained the names of the mother and child, the date and place of birth; and the date and place of delivery, and the name of the practitioner of the profession of midwifery, who shall have been conferred in respect to the delivery, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth or delivery shall occur without the attendance of a physician or practitioner of the profession of midwifery, the mother or person who shall attend upon the mother, or person who shall deliver the child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

RETURN OF A BIRTH. 56490 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 26" 1894*

4. Place of Birth, (Street and Number) *724 N. Mount St*

5. Full Name of Mother, *Emma Coale*

6. Mother's Maiden Name, *Winters*

7. Mother's Birthplace, *Balt Co - Md*

8. Full Name of Father, *James W Coale*

9. Father's Occupation, *Police Force*

10. Father's Birthplace, *Baltimore Co Md*

Name of Medical Attendant, or other person who makes this Return, *E. H. Hare M.D.*

Address, *602 N. Carey St*

Remarks, *18940003222*

RETURN OF A BIRTH 56471

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th
Sex, (state whether male or female) male - Louis Sacks

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

May 26 1894
1820 Eastern Ave.
S. Lena Sacks
Sacks
Germany
Pinkus Sacks
Sailor
Germany
J. H. Collenberg
Balti.
1870
Self name of child added by father upon applying for a transcript
March 18 1893

RETURN OF A BIRTH. 56473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th try*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *—*
3. Date of Birth, *26 Mar*
4. Place of Birth, (Street and Number) *101 Bond St*
5. Full Name of Mother, *—*
6. Mother's Maiden Name, *Eunice Risvin*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Harwick Risvin*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other person who makes this Return. *E. Handley*
- Address, *1113 E Pratt St*
- Remarks, *—*

1 8 9 4 0 0 0 3 2 2 5

RETURN OF A BIRTH. 56474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8-9-4-0-0-0-3-2-2-6

RETURN OF A BIRTH. 56475

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3 Date of Birth,

4. Place of Birth, (Street and Number)-

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address:

Remarks.

8 9 4 0 0 0 3 2 2 7

[illegible]

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of its first and said schedule shall be delivered, duly signed and attested by the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present, and of the child to report its birth to the Commissioner of Health, and the mother shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *color*
3. Date of Birth, *May 26*
4. Place of Birth, (Street and Number) *Preston st 339*
5. Full Name of Mother, *Rebecca Hollin*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *father unknown*
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this return. *Dunn & Bids*
- Address, *5140 Biddle st*
- Remarks, *8940003228*

56477

been conferred) in sex, color, the full name and occupation of its parents, the date and place of birth; and the full schedule shall be delivered, jointly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the practitioner shall attend upon the mother, immediately after the birth of the child, to ascertain the date of the parturition, and to report to the Commissioner of Health, in the manner and within the period above required, and in case of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten to fifty dollars as other fines and forfeitures are recoverable.

2.

Genial.

26 Mar'

1931 Harec stone

Waves and Dyeing

Yonkers

Agave americana

Robert Van Ditzh

Letter

Get married.

offen und ein wenig warm

1225 Hare Street.

Remarks,

8 4 4 0 0 0 3 2 2 9

This schedule shall contain a list of the births which have occurred in the city of Baltimore, during the month, and shall set forth on the full name and occupation of its parents, the date and place of birth; and the child schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or parents shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56480

GIVEN NAME ADDED 8-1-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harriet Elizabeth Tawes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 26th 1894

4. Place of Birth, (Street and Number) 1712 E. Pratt Street

5. Full Name of Mother, Virginia Tawes

6. Mother's Maiden Name, Hernandez

7. Mother's Birthplace, Kingston Jamaica

8. Full Name of Father, John H Tawes

9. Father's Occupation, Miner

10. Father's Birthplace, Accomac Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. H. E. ...

Address, 212 N. ... Ave.

Remarks, _____

1 8 9 4 0 0 3 2 3 2

RETURN OF A BIRTH. 56481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Aileen Patricia Kilpatrick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

CHERRY

8940003233^{7u}

RETURN OF A BIRTH. 56 482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, May - 26th
 4. Place of Birth, (Street and Number) Ridge Place - 1427.
 5. Full Name of Mother, Elizabeth Davidson
 6. Mother's Maiden Name, Elizabeth Birschner
 7. Mother's Birthplace, Baltimore City, Md.
 8. Full Name of Father, Robert Benton Davidson
 9. Father's Occupation, Salesman
 10. Father's Birthplace, Baltimore City, Md.
 Name of Medical Attendant, or other person who makes this Return, Mrs. Martha Fester
 Address, # 1600 E. Lawrence St.
 Remarks, Mother and child doing well
Sanitary condition of house Excellent, M.A.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), the date and place of birth, the date and place of death, the date and place of burial, and the date and place of interment, and shall be delivered only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon a physician, it shall become the duty of the person or persons of such attendance upon a physician, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26, 1894
4. Place of Birth, (Street and Number) 2617 Fruit Ave.
5. Full Name of Mother, Caroline Ulrich
6. Mother's Maiden Name, Caroline Schumann
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Ulrich
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.
Name of Medical Attendant, or other person who makes this Return, Mrs. L. Schumann
Address, 1824 Canton St.
Remarks,

1 6 9 4 0 0 0 3 2 3 5

RETURN OF A BIRTH. 56485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the proper authorities, and the Registrar shall be notified of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall fail to do so, shall be liable to a fine of not less than five dollars, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 27 1894

4. Place of Birth, (Street and Number) Baltimore 1049 Halsted St

5. Full Name of Mother, Bridget T Foley

6. Mother's Maiden Name, Bridget T Doughlin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Foley

9. Father's Occupation, Gaber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Margaret Ethel

Address, 811 N 19 Cuba St

Remarks, Balt

18940003237

RETURN OF A BIRTH.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 3 2 3 8

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3 Date of Birth,

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

8 9 4 0 0 0 3 2 3 9

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race) 721 1 77

3. Date of Birth, May 2

4. Place of Birth, (Street and Number)

4. Place of Birth _____
5. Full Name of Mother Benes

6. Mother's Maiden Name Bene

7 Mother's Birthplace, *City*

8. Full Name of Father *Ken...*

8. Full Name of _____
9. Father's Occupation, _____

10. Father's Birthplace Tondu

10. *Father's Disease* _____
Name of Medical Attendant, or other
makes it _____

Name of _____
Address _____

Remarks, 8 9 4

Remittas, 1 0 9 2

[illegible]

RETURN OF A BIRTH. 56490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 May 1894
4. Place of Birth, (Street and Number) 1322 Linden St.
5. Full Name of Mother, Carrie Sigwalt
6. Mother's Maiden Name, Lohr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. Sigwalt
9. Father's Occupation, Glass worker
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return.
Address, Street 1331
Remarks,

1-8940003242

U. S. GOVERNMENT PRINTING OFFICE: 1964

George Raymond Mack

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, May 27 1894

4. Place of Birth, (Street and Number) 1107 S. Charles St

5. Full Name of Mother, Kate Mack

6. Mother's Maiden Name, Kate Rhyna

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Mack

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie M. Pate

Address, 916 Hanover St

City, City

1894000243

and shall not forth as far as the same can be ascertained the full name of each child, (if any shall have been con-
ferred), its sex, color, the full name and occupation of its parent, the date and place of birth; and the said schedule
shall be delivered, duly signed by the practitioner of medicine or midwife, or other person authorized by law, to the
attendant of a physician or practitioner of midwifery, or should no other person be in attendance upon the
mother, immediately thereafter it shall become the duty of the person or persons of such child to report, its birth to
the Commissioner of Health, in the manner and within the period above required, and any such person or persons
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁵⁶⁴⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th twins
 1. Sex (state whether male or female), Male & female
 2. Race or Color (if not of the white race), white
 3. Date of Birth, May 27 1894
 4. Place of Birth (Street and Number), 833 N Hopkins ave
 5. Full Name of Mother, Katharine Seft
 6. Mother's Maiden Name, Katharine Shauke
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Conrad Seft
 9. Father's Occupation, tailor
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Chas. E. Price
 Address, 1630 Ashland Ave
 Remarks, Healthy Children

1 5 4 0 0 0 3 2 4 4

RETURN OF A BIRTH. 56493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, who will receive the same and forward the same to the Registrar of Vital Statistics, who will cause the same to be entered in the records of the Board of Health, and the Registrar of Vital Statistics, upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d-*
 1. Sex, (state whether male or female) *Male,*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth. *May 27 " 1894*
 4. Place of Birth, (Street and Number) *No 227 S. Pennont St,*
 5. Full Name of Mother, *Edua Abrams,*
 6. Mother's Maiden Name, *Groves,*
 7. Mother's Birthplace, *Virginia,*
 8. Full Name of Father, *Charles Abrams,*
 9. Father's Occupation, *Stone-cutter,*
 10. Father's Birthplace, *Balto, City,*
 Name of Medical Attendant, or other person who makes this Return, *James H. Derridge M.D.*
 Address, *No. 721 Columbia Ave--*
 Remarks,

8940003245

56494

[illegible]

- ~~8-9-4-0-0-0-3-2-4-6~~

RETURN OF A BIRTH. 56495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c) 3
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 27 1894
4. Place of Birth, (Street and Number) 1104 of 13th St
5. Full Name of Mother, Sophia Belsky
6. Mother's Maiden Name, Baham
7. Mother's Birthplace, Belarus
8. Full Name of Father, Joseph Belsky
9. Father's Occupation, Labr
10. Father's Birthplace, Belarus
- Name of Medical Attendant, or other person who makes this Return, Mary Hopkins
- Address, Washington 205
- Remarks, _____

18940003247

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, and the full name and occupation of its parents, and the date and place of birth: and the child, and the day of each and every month to the office of the Registrar of Vital Statistics, or the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should not be reported to the attention of the Commissioner of Health, in the manner immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner immediately thereafter, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 3 2 4 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 27/94

4. Place of Birth, (Street and Number) 724 North St.

5. Full Name of Mother, Sophie Busse

6. Mother's Maiden Name, Elphie Ott

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Busse

9. Father's Occupation, Labuer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary C. Peregoy

Address, 1903 South St

Remarks, _____

1 8 9 4 0 0 0 3 2 4 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)..

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*—

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 3 2 5 0

any person who shall act forth as or as the same can be ascertained the full name of each child, if any shall be born, and the date of birth, the sex, color, the full name and occupation in the form of a certificate between the first and last schedule shall be delivered to the office of the Commissioner of Health. In case no other person be in the family, the physician or practitioner shall become the duty of the parent or parents of such child to appear upon the notice of summons of the Commissioner of Health, in the manner and within the period above stated, to represent or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable, except to the due of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1900

2 a

Male.

1. Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

27th May 1894
1721 Pressman St
Kensington

4. *Place of Birth, (Street and Number)*

Annie Kern

5. Full Name of Mother,

Hearnes

6. *Mother's Maiden Name,*

Carroll Co. Md

7. *Mother's Birthplace,*

John Kenn
Lybe

8. Full Name of Father.

Laboren

9. *Father's Occupation:*

Germany

10. *Father's Birthplace;*

Germany
Elizabeth Jewell

Name of Medical Attendant, or other Person who makes this Return

or other Person who
makes this Return

Address.

436 E Fort Ave

Remarks.

~~8 9 4 0 0 0 3 2 5 2~~

that the full amount of each child in the family shall be paid for the day and night of the birth, and in the form of a gratuity to the mother, to be paid to her at the discretion of the board of health. In case the mother is unable to nurse her child, the board of health may, at its discretion, cause the child to be nursed by a wet nurse, and the full amount of the gratuity shall be paid for the day and night of the birth, and in the form of a gratuity to the mother, to be paid to her at the discretion of the board of health. In case the mother is unable to nurse her child, the board of health may, at its discretion, cause the child to be nursed by a wet nurse, and the full amount of the gratuity shall be paid for the day and night of the birth, and in the form of a gratuity to the mother, to be paid to her at the discretion of the board of health. In case the mother is unable to nurse her child, the board of health may, at its discretion, cause the child to be nursed by a wet nurse, and the full amount of the gratuity shall be paid for the day and night of the birth, and in the form of a gratuity to the mother, to be paid to her at the discretion of the board of health.

birth, age, sex, race, color, the full name of each child, if any, shall have been conferred its sex, color, the full name of the practitioner in the form of a certificate between the first and said schedule and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of such child, the person attending the mother shall immediately report the birth in the manner and within the period above required, and shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 27, 1894.
4. Place of Birth, (Street and Number) 267 S. Greene St.
5. Full Name of Mother, Catherine Smith
6. Mother's Maiden Name, Grant
7. Mother's Birthplace, Louisiana
8. Full Name of Father, James C. Smith
9. Father's Occupation, Supt. Chair Factory
10. Father's Birthplace, New Jersey.
Name of Medical Attendant, or other person who makes this Return, G. Lane Thomeyhill
Address, 1103 Madison Ave.
Remarks,

8 9 4 0 0 0 3 2 5 3

RETURN OF A BIRTH. 57502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color. (if not of the white race)-

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address Free Lying In Hospital

Remarks. ...

8 9 4 0 0 0 3 2 5 4

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2nd

1. Sex, (state whether male or female).... Male

2. Race or Color, (if not of the white race).....*White*

3. Date of Birth, May 27 94

4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Lombard St.

5. Full Name of Mother, Mary Rimmer

6. Mother's Maiden Name, Mary Rames

7. Mother's Birthplace,..... Maryland

8. Full Name of Father,.....Jx

9. Father's Occupation.....X

10. *Father's Birthplace*, X

Name of Medical Attendant, or other person who makes this Return.

Address, Metairie Hospital

Remarks,

name, sex, color, the full name and occupation of its parents, the date and place of birth; and the name and sex, color, the full name and occupation of the practitioner in health of the first and second child shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any third or any child shall occur, the name and sex, color, the full name and occupation of the first and second child shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in health, the name and sex, color, the full name and occupation of the first and second child shall be delivered monthly to the office of the Commissioner of Health. In the manner and within the period above required, such compliance upon the attendance of a physician or practitioner in health, shall become the duty of the person or persons who shall be liable to the Commissioner of Health. The name and date of the period above required, of such person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to the fine of one hundred dollars for each offence, to be discovered at other fines and forfeitures are recoverable, subject to the fine of ten (10) dollars for each offence, to be discovered at other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 27 1894

4. Place of Birth, (Street and Number)

357 Davis Street.

5. Full Name of Mother,

Mary H Williams

6. Mother's Maiden Name,

Mary F William

7. Mother's Birthplace,

City

8. Full Name of Father,

Unknown

9. Father's Occupation,

do

10. Father's Birthplace,

do

Name of Medical Attendant,

or other person who makes this Return,

Edmond Teer M.D.

Address,

1534 Park Avenue

Remarks,

City

8940003257

RETURN OF A BIRTH. 56506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and delivered, duly signed by the physician or practitioner in the form of a certificate, and the child to be registered, shall be registered in the manner and within the time provided in the provisions of this section, and shall be subject to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 28th 1894*
4. Place of Birth, (Street and Number) *Baltimore Ind 322 Bruce St*
5. Full Name of Mother, *Maggie Bethoff*
6. Mother's Maiden Name, *Reckmarger*
7. Mother's Birthplace, *Baltimore Ind*
8. Full Name of Father, *George Bethoff*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *Baltimore Ind*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary Kraning*
- Address, *414 S. Stricker St. Baltimore Md*
- Remarks, *Mother and Child appearing well*

8940003258

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2c

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race) - *White*

3. Date of Birth, 28 May 1894

4. Place of Birth, (Street and Number) 624 Foster av

5. Full Name of Mother, Kedi Reed

6. Mother's Maiden Name, Kedi Punt

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Yonah Red

9. Father's Occupation..... Lumber

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Edwin T. Smith

Address, 504 G Washington St

Remarks.

1 8 9 4 0 0 0 3 2 5 9

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) male

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 28th 1894

3. Date of Birth, May 28th 1894

3. Date of Birth, May 26
4. Place of Birth, (Street and Number) No. 249 Old Friedrich Ave
up Lena Weber

3. Date of Birth, May 26
4. Place of Birth, (Street and Number) No. 249 Old Friedrich Ave
up Lena Weber

4. Place of Birth, (Street and Number) 42 Genoa Street
5. Full Name of Mother, Eng. Linges

4. Place of Birth, (Street and Number) 42 Genoa Street
5. Full Name of Mother, Eng. Linges

5. Full Name of Mother, Lena Dinges
6. Mother's Maiden Name, Battagioni

5. Full Name of Mother, Lena Dinges
6. Mother's Maiden Name, Battagioni

4. Mother's Maiden Name, Battagione
7. Mother's Birthplace, NY Heary Nick

4. Mother's Maiden Name, Battagione
7. Mother's Birthplace, NY Heary Nick

7. Mother's Birthplace, *Hy. Wickes*
8. Full Name of Father, *Labour*

7. Mother's Birthplace, *Henry Vicker*
8. Full Name of Father, *Labour*

9. Father's Occupation..... *Labour*
 10. Mother's Birthplace..... *Bathman*

9. Father's Occupation..... *Labour*
 10. Mother's Birthplace..... *Bathman*

10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, _____

10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, _____

Name of Medical Attendant, or other person who makes this Return.

Name of Medical Attendant, or other person who makes this Return.

Address.

Address.

Remarks. 8 9 4 0 0 0 3 2 6 0

Remarks. 8 9 4 0 0 0 3 2 6 0

[illegible]

56589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

- 6 9 4 0 0 0 3 2 6 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 3 2 6 2

RETURN OF A BIRTH. 5651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE AMENDED

NAME: MARY H. ROWAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 28th / 94.

4. Place of Birth, (Street and Number)

735th Dolphin St.

5. Full Name of Mother,

Margaret Leila Rowan

6. Mother's Maiden Name,

Sisselberger

7. Mother's Birthplace,

Ballo.

8. Full Name of Father,

John Howard Douglass Rowan

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Elkton, Md.

Name of Medical Attendant, or other person who makes this Return,

Chas. Watterscheidt M.D.

Address,

1514 W. Lafayette Ave.

Remarks, Film # 485, 7/2/94, 100

Filed: 1894

6440003263

know and shall set forth as for no the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or persons of such child, to register the birth of such child, in the manner and within the period above required, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by

RETURN OF A BIRTH. 56672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 28th 1894

4. Place of Birth, (Street and Number) Baltimore Ind 2019 Wilhelm, St

5. Full Name of Mother, Belle Forsyth

6. Mother's Maiden Name, Henningsen

T. Mother's Birthplace, *St. Petersburg, Russia*

8. Full Name of Father, Charles Farneth

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, 414 S. Stricker St. Baltimore Md.

Remarks, Mother and Child are doing well.

8940003264

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the said schedule shall be delivered to the practitioner in the form of a certificate between the first, the third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the mother or parents of such child to report to the mother, immediately thereafter it, shall become the duty of the mother or parents of such child to report to the Commissioner of Health. In the manner and within the period allowed, for any such person or persons who fail to comply with the provisions of this section shall be fined, and deducted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 565/13

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 28th May
 4. Place of Birth, (Street and Number) 287 Hamburg St
 5. Full Name of Mother, Mary B Hazard
 6. Mother's Maiden Name, " Perkins
 7. Mother's Birthplace, Richmond Va
 8. Full Name of Father, John S Hazard
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Annapolis Co Md
 Name of Medical Attendant, or other Person who makes this Return, Dr. Julia A. Pickering
 Address,
 Remarks,

8940003265

RETURN OF A BIRTH. 56575-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, Carmela Eldorado Keller

6. Mother's Maiden Name, Carolina Eldorado Kiegel

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 3 2 6 7

RETURN OF A BIRTH.

56576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, May 28th 1894

4. Place of Birth, (Street and Number) Woodberry Ave. West Woodberry

5. Full Name of Mother, Elsie Margaret Patterson

6. Mother's Maiden Name, Elsie M. Klinefelter

7. Mother's Birthplace, York Co. Pa

8. Full Name of Father, Joseph Henry Patterson

9. Father's Occupation, Tool-maker

10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, Geo. T. Shower, M.D. or other person who makes this Return,

Address, H 21 Roland Ave. Hampden

Remarks, _____

18940003268

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately after the birth of the child the mother, or the father, or the child, or any other person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 28/1894

4. Place of Birth, (Street and Number) 215 F. W. R. 11

5. Full Name of Mother, Mary Dema

6. Mother's Maiden Name, ... *B. Leimert*

7. Mother's Birthplace, *Bahaimery*

8. Full Name of Father, Frank De

9. Father's Occupation, *Tutor*

10. Father's Birthplace, *Baptiste*

Name of Medical Attendant, or other person who makes this Return. *Chas. H. [illegible]*

Address, _____

Remarks,

8 9 4 0 0 0 3 2 6 9

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health, or to the Registrar of Vital Statistics, or to the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Nov 28 1894
4. Place of Birth, (Street and Number) 1847 W 1st St
5. Full Name of Mother, Maggie Baiernsfend
6. Mother's Maiden Name, Seavner
7. Mother's Birthplace, Seavner
8. Full Name of Father, John Baiernsfend
9. Father's Occupation, Stoker
10. Father's Birthplace, Seavner
- Name of Medical Attendant, or other person who makes this Return, Wm. H. Kaptis
- Address, CP 20 W 1st St 205
- Remarks, _____

8940003270

RETURN OF A BIRTH. 56579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex. (state whether male or female). *Male*

2. Race or Color, (if not of the white race), colored

3. Date of Birth, 2 May 28th 1894

4. Place of Birth, (Street and Number) 827 1/2 E. 7th St

5. Full Name of Mother, Lucy A. Jones

6. Mother's Maiden Name, Lena A. Hensch

7. Mother's Birthplace, Essex County Va.

8. Full Name of Father, James R. Gaslet

9. Father's Occupation Labour

10. Father's Birthplace, — Essie County Va.

Name of Medical Attendant, or other person who makes this Return Carolyn Patterson

Address. 419 Lewis street

Remarks, *Living seems well*

8 9 4 0 0 0 3 2 7 1

RETURN OF A BIRTH. 56550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Dark*

3. Date of Birth, *28 May 1894*

4. Place of Birth, (Street and Number) *Balto Ind. Bldg No. 10*

5. Full Name of Mother, *Ellen Steward*

6. Mother's Maiden Name, *Ellen Steward*

7. Mother's Birthplace, *West River*

8. Full Name of Father, *Charles Steward*

9. Father's Occupation, *Guard*

10. Father's Birthplace, *Lynchburg, Va.*

Name of Medical Attendant, or other person who makes this Return, *Doctor Brown*

Address, *Balto Ind. No. 14 Iron & Wagon*

Remarks, —

18940003272

been conferred the sex, color, the full name and occupation of his parents, the date and place of his birth, and the name of the medical attendant, or other person who makes this return, shall be the duty of the practitioner in the form of a certificate, which shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, in case the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the time provided by law, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, May 28 (7 o'clock Evening)

4. Place of Birth, (Street and Number) 420 W. Lombard Street

5. Full Name of Mother, Annie Katharine Walker

6. Mother's Maiden Name, Lapsen

7. Mother's Birthplace, King of Prussia Country - Pa.

8. Full Name of Father, Thomas Nelson Walker

9. Father's Occupation, Laborer

10. Father's Birthplace, Caroline County - Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanner from the

Address, Louisiana Dispensary, 614 S. Charles Street

Remarks,

8940003273

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks.

8 9 4 0 0 0 3 2 7 4

been conferred his sex, color, the full name and occupation of his parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the every month of a physician or practitioner of midwifery, and shall be filed in the office of the Registrar of Vital Statistics, in the case of the birth of any child, and shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 28 - 94

4. Place of Birth, (Street and Number)

1706 Crystal Ave

5. Full Name of Mother,

Mary Hinkle

6. Mother's Maiden Name,

Hinkle

7. Mother's Birthplace,

New York

8. Full Name of Father,

Clement Hinkle

9. Father's Occupation

Carpenter

10. Father's Birthplace,

Switzerland

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary D. Allwell

Address,

1438 N. Bond St

Remarks,

1 8 9 4 0 0 0 3 2 7 5

In case the child is born dead, the name and occupation of the practitioner in the presence of whom the child is delivered, the date and hour of birth, and the sex, color, and weight of the child, shall be reported to the office of the Registrar of Vital Statistics, Baltimore City, by the practitioner or by the mother, immediately after the birth, and the practitioner or the mother, immediately after the birth, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
- Sex, (state whether male or female) Female
 - Race or Color, (if not of the white race) White
 - Date of Birth, May 28th 1914
 - Place of Birth, (Street and Number) 2110 Vine St. City
 - Full Name of Mother, Mary Ann Howell
 - Mother's Maiden Name, Mary Ann Tillington
 - Mother's Birthplace, England
 - Full Name of Father, Joe Howell
 - Father's Occupation, Insurance Agent
 - Father's Birthplace, England
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, _____
- Remarks, _____

8940003276

RETURN OF A BIRTH. 56525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks

8 9 4 0 0 3 2 7 7

monies, and shall be as far as the same can be ascertained, the full name of each child, if any shall have been conferred) next, the date of the completion of its parents, the date and place of birth, and the date of its death, if it shall have died, and shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, it shall become the duty of the person or persons of such attendance upon the mother, or the Commissioner of Health, in the manner and within the period above required, and in compliance with the provisions of this section, to comply with the provisions of this section, shall be authorized any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars (ten dollars) to be covered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Polish Jew

3. Date of Birth, May 28, 1911

4. Place of Birth, (Street and Number) Maternity Hospital, 115-16 Lombard St.

5. Full Name of Mother, Anna Stocinski

6. Mother's Maiden Name, X

7. Mother's Birthplace, Poland

8. Full Name of Father, X

9. Father's Occupation, X

10. Father's Birthplace, X

Name of Medical Attendant, or other person who makes this Return, Alfred J. Gundry M.D.

Address, Maternity Hospital

Remarks, 8940003278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks, ---

8 9 4 0 0 0 3 2 7 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56528

any person who shall have been conferred, in sex, color, the full name of the child, the date and place of his birth, the name of the mother, the name of the father, the name of the physician, the name of the midwife, the name of the nurse, the name of the attendant, the name of the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

IV

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

May 28, 1894

4. Place of Birth, (Street and Number)

1403 Cairn St.

5. Full Name of Mother,

Lucy James

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harry A. Arthur M.D.

Address, Free Syng In Hospital

Dr. R. D. Phys

627 W. Lombard St.

Remarks,

18940003280

56529
more City.

I

Male

Black

May 29, 1894

Fielding Dr Hospital Crm Mmmlars
Martha Butler.

Martha Butler

Martha Butler

Martha Butler

Martha Butler

Martha Butler

Martha Butler

Warren, Arthur M. D
St. Jn. Resident Pl.

Warren, Arthur M. D
St. Jn. Resident Pl.

Warren, Arthur M. D
St. Jn. Resident Pl.

1 8 9 4 0 0 3 2 8 1

man, and shall set forth, as the same can be ascertained, the full name of each child, if any, shall have been conferred, its sex, color, the full name, name of the mother, the date and place of birth; and the child shall be delivered, duly signed by the practitioner in attendance, and the date and place of birth shall occur, which and every month to the office of the Commissioner of Health, in the case of any child attending upon the mother, immediately after the delivery, or should, no other person be present, the child to report its birth to the Commissioner of Health, in the absence of the person or persons of such child, and the person or persons who shall hereafter fail to comply with the provisions above required, and be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 29th 1894

4. Place of Birth, (Street and Number) 223 - W. Chase St

5. Full Name of Mother, Alice Bradley

6. Mother's Maiden Name, Alice Duffin

7. Mother's Birthplace, Montgomery Co. Md

8. Full Name of Father, Smith Bradley

9. Father's Occupation, Seaboarder

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, W. Ben. Nantkins M.D.

Address, 409 - N. Green St.

Remarks, 18940003282

month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, shall have been conferred its sex, color, the full name and occupation of its mother, and the date of birth; and the said schedule shall be delivered, duly signed by the mother, to the office of the Commissioner of Health. In case the birth of any child shall occur on the third day of each month, the attendance of a physician or practitioner of midwifery, or of the person or persons of such attendance upon the mother, immediately thereafter, shall be required, in the manner and within the period above required, and any such failure to report its birth to the Commissioner of Health, shall be deemed an offence, and the mother shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 29th 1897

4. Place of Birth, (Street and Number) No. 10 Hampden Lane

5. Full Name of Mother, Mary Hanslick

6. Mother's Maiden Name, Mary Lietz

7. Mother's Birthplace, Bahianara

8. Full Name of Father, Joseph Hanslick

9. Father's Occupation, Butcher

10. Father's Birthplace, Bahianara

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, _____

8 9 4 0 0 0 3 2 8 5

RETURN OF A BIRTH. 56534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex. (state whether male or female). Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 29, 1914

3. Date of Birth. May 2, 1914
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Lombard St.

5. Full Name of Mother, Ann Kung

6. Mother's Maiden Name, Annie K. [unclear]

7. Mother's Birthplace, *Massachusetts*

8. Full Name of Father,.....

9. *Father's Occupation*.....X

10. *Father's Birthplace,* _____

Name of Medical Attendant, or other person who makes this Return, Alfred J. Gundry M.D.

Address, Maternity Hospital

Remarks, 8 9 4 0 0 0 3 2 8 6

RETURN OF A BIRTH. 56535

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number) *Edinburgh*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. Full Name of Father.

9. *Father's Occupation*

19. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Name of _____
Address, 2859 N. Fulton Avenue

Remarks, 1 8 9 4 0 0 0 3 2 8 7

[illegible]

Register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall be filled out at the time of the birth, and shall set forth as far as the same can be ascertained, the date, time, place, and manner of the birth, and shall also set forth the name, sex, color, the full name and occupation of its parents, the date of its birth, and the date of its registration. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the time of the birth and the time of its registration, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the parent or other person in attendance upon the mother, to report its birth to the Commissioner of Health, in the manner and within the period above provided. Any person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) 1
3. Date of Birth, Aug. 20th
4. Place of Birth, (Street and Number) 121 Mc. Spangell
5. Full Name of Mother, Emma Jones
6. Mother's Maiden Name, " Ruck
7. Mother's Birthplace, Prussia
8. Full Name of Father, Frederick Jones
9. Father's Occupation, Laborer
10. Father's Birthplace, Prussia
- Name of Medical Attendant, or other person who makes this Return, Cardinal Miller
- Address, 1625 Macken st.
- Remarks, _____

8 9 4 0 0 0 3 2 8 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time and place provided by any such person or persons for the purpose of the law, and the person or persons so failing to do so shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Primipara
Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 29th 1894 3 o'clk. a.m.

4. Place of Birth, (Street and Number)

1544 N. Fremont St

5. Full Name of Mother,

Louisa E. Shultze

6. Mother's Maiden Name,

Louisa E. White

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

John. F. Shultze

9. Father's Occupation,

Mercantile Apt.

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

A. H. Garton M.D.

Address,

1136 W. Lexington St

Remarks,

8940003290

56539

(over)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

2. Race or Color, (if not of the white race).....2nd white

3. Date of Birth, 29 May 1894

14 Exton 500 Gilman St.

6. Mother's Maiden Name, *Osborne*

7. Mather's Birthplace, Northumberland Co. Va.

9. Father's Occupation, Clark at Ballinore Post Office

10. Father's Birthplace, Baltimore Md

Address, 20, 24. W. Livingston. 21-

Remarks, *Thinning*

8 9 4 0 0 0 3 2 9

month and shall set forth as far as the same can be ascertained, the full name of each child, its sex, color, the date and place of birth; and the said certificate shall be returned to the office of the Commissioner of Health in the form of a certificate between the first and second of the month next following the birth of the child. In case the birth of a child occurs upon the first day of the month, the certificate shall be returned to the office of the Commissioner of Health on or before the first day of the second month. In case the birth of a child occurs upon the last day of the month, the certificate shall be returned to the office of the Commissioner of Health on or before the first day of the first month following the birth of the child. In the name and within the period above required, and in order to report the birth of a child, the physician or practitioner attending the birth of a child shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable to the time of the conviction.

RETURN OF A BIRTH. 56540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- Sex, (state whether male or female) female
- Race or Color, (if not of the white race) black
- Date of Birth, Born Monday Morning 6 Apr 29
- Place of Birth, (Street and Number) 1430 6 Carroll Street
- Full Name of Mother, Julia Black
- Mother's Maiden Name, Julia Thomas
- Mother's Birthplace, Harbor, Kentucky
- Full Name of Father, James Black
- Father's Occupation, Laborer man
- Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, Lucien White shoemaker
- Address, 1430 6 Carroll Street home on very well
- Remarks, 8 9 4 0 0 0 3 2 9 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of the mother, the date and place of birth; and the child shall be registered in the form of a certificate between the first and second of the month in which the birth shall occur without the attendance of a physician or practitioner of midwifery, or of a midwife, or of a nurse, or of a person acting in the name of the mother and within the period above required, and child to report its birth to the Commissioner of Health, and shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29. of May 1894.*
4. Place of Birth, (Street and Number) *2512 E. Fayette St.*
5. Full Name of Mother, *Laura Kallogg*
6. Mother's Maiden Name, *Laura Kallogg*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Theodor Kallogg*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore Md.*
11. Name of Medical Attendant, or other person who makes this Return, *Mrs. L. A. Hill, M.D.*
12. Address, _____
13. Remarks, _____

[illegible]

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 56542

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2^d)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 29th 1894*
4. Place of Birth (Street and Number) *146 E. Hughes St*
5. Full Name of Mother *Helen M. Kauf,*
6. Mother's Maiden Name *" Bourn,*
7. Mother's Birthplace *Balta. Md.*
8. Full Name of Father *George A. Kauf,*
9. Father's Occupation *Policeman*
10. Father's Birthplace *Baltimore, Md*
Name of Medical Attendant, or other Person who makes this Return. *Charles L. G. M.D.*
Address *312 N. Cary St.*
Remarks

1 8 9 4 0 0 0 3 2 9 4

56.543

and shall set forth as far as the same can be ascertained the full name of said child, if any, shall have been born, the date of birth, the date of the last examination, the sex, color, the full name and occupation of the certificate between the first and second schedule shall be delivered to the office of the Commissioner of Health, should no other person be in their stead, upon the attendance of a physician or a nurse, or the parents or guardians of such child, and the mother of the child, if she be present, shall become the duty of the person or persons having attendance upon the mother or Commissioner of Health, in the manner and to the extent of such attendance as shall be required by the Commissioner of Health, the provisions of this section shall be applicable to each person or persons who shall hereafter be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

11. 6. 1961

SHERMAN TUCKER

CRIFFTN

White

217

217

13713 - R. 10011

James T. Gresham

10,000 Dollars

Bull.

Morden Griffiths

Sea Captain

B. L. C.

Mrs. E. H. Brackets.

1828 Light

Harry Hill

8 9 4 0 0 0 3 2 9 5

RETURN OF A BIRTH. 56544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The full name of each child, if any, shall be entered in the space provided for that purpose, and the date and place of birth, the sex, color, and occupation of the mother, and the name and occupation of the father, shall be entered in the space provided for that purpose. The name of the child shall be entered in the space provided for that purpose, and the date and place of birth, the sex, color, and occupation of the mother, and the name and occupation of the father, shall be entered in the space provided for that purpose. The name of the child shall be entered in the space provided for that purpose, and the date and place of birth, the sex, color, and occupation of the mother, and the name and occupation of the father, shall be entered in the space provided for that purpose.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8940003296

RETURN OF A BIRTH 56545-

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

8940003297

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

been corrected as to sex, color, the full name and occupation of his parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon a birth, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female).

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth.

May 30, 1894

4. Place of Birth, (Street and Number)

Free Frying In Hospital 622 Lombard

5. Full Name of Mother,

Lizzie Morris.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Harry N. Arthur MD
Resident Phys.

Address, 622 W. Lombard St

Remarks,

1 8 9 4 0 0 0 3 2 9 8

RETURN OF A BIRTH. 56547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female).. Male

2. Race or Color, (if not of the white race), Black

3. Date of Birth, May 30, 1894.

4. Place of Birth, (Street and Number) 703 1/2 Mulberry St.

5. Full Name of Mother, *Maria Williams*

6. *Mother's Maiden Name*, _____

7. *Mother's Birthplace:*

8. *Full Name of Father,* _____

9. *Father's Occupation* _____

10. *Father's Birthplace,* _____

Name of Medical Attendant, or other person who makes this Return, Harriet Arthur, M.D.

Address, 672 W Lombard St. In Resident Phys—

Remarks,

8 9 4 0 0 0 3 2 9 9

been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered to the practitioner in the form of a certificate between the first and third day of each and every month to the office of the practitioner. In case the birth of any child should occur without the attendance of a physician or practitioner of medicine, it should not be reported until such time as the mother immediately thereafter, it shall become the duty of the parents of such child to report its birth to the office of the practitioner of medicine. In the manner and within the period above provided, the parents of such child shall be liable for the cost of the certificate, and the practitioner will be provided of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered in other cases and forfeited.

RETURN OF A BIRTH. 56548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex. (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 20, 94

3. Date of Birth, May 30, 1914
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Lombard St.

5. Full Name of Mother, Mary Van Courne

6. *Mother's Maiden Name.*

7. Mother's Birthplace, New York

8. Full Name of Father,

9. *Father's Occupation*.....X

10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return, Wm. J. Gandy M.D.

Name of Medical Attendant, makes this Return, Maternity Hospital
Address, Maternity Hospital

Remarks: 1 8 9 4 0 0 0 3 3 0 0

name, and might set forth as far as the name can be ascertained the full name of each child of any child lawfully conceived, its sex, color, the full name of the mother, the date and place of birth, and the date and place of death, and might set forth in the form of a certificate between the first and said certificate shall be delivered to the office of the Commissioner of Health, and no other person be in attendance upon the mother, Commissioner of Health, shall become the duty of the person or persons of such child to report or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 30, 91

4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Second St.

5. Full Name of Mother, Amanda Williams

6. Mother's Maiden Name, Amanda Williams

7. Mother's Birthplace, South Carolina

8. Full Name of Father, X

9. Father's Occupation, X

10. Father's Birthplace, X

Name of Medical Attendant, or other person who makes this Return, Alfred J. Gensley, M.D.

Address, Maternity Hospital

Remarks, _____

8 9 4 0 0 0 3 3 0

RETURN OF A BIRTH. 56550 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female),

2. Race or Color, (if not of the white race),

3. Date of Birth,

4. Place of Birth, (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

Chas. W. Dill

84 1/2 E. 9th St. Baltimore

or other person who makes this Return.

Frederick Wecker, Midwife
2116 West Pratt St.
June 9th 1894
Cause of Death Spasms
810 French Ave
June 4th 1894

Male
White
30th of May '94
2nd of East St.
Emma Barney
Emma Arnold
Baltimore
John A. Barney
Labor
Baltimore

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its father, the date of its birth, and the date of its registration, and shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person or persons who shall have attended the birth of such child shall be liable to the provisions of such act, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940003303

RETURN OF A BIRTH.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

4. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1331 Fulton St.

Remarks,

8 9 4 0 0 0 3 3 0 4

RETURN OF A BIRTH. ⁵⁶⁵⁵³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

May 30/94

4. Place of Birth, (Street and Number)

533 W. Conway St

5. Full Name of Mother,

Maggie Meyers

6. Mother's Maiden Name,

Neck

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

Charles C. Myers

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return.

D. Gustav Dill M.D.

Address,

1334 W. Lombard St

Remarks,

18940003305

that of the Health Officer, who have occurred, and who shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or attend to other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to appear at the office of the Registrar of Vital Statistics, within the time therein provided, and to make a return of the birth of such child, to the Registrar of Vital Statistics, who shall receive the same, and shall be subject to the provisions of this section, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 May
4. Place of Birth, (Street and Number) 612 1st Ave St
5. Full Name of Mother, Eva Barker
6. Mother's Maiden Name, Wardman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Philip
9. Father's Occupation Brick Layer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. G. Heine

Address, 2522 1st Ave

Remarks. _____

8 9 4 0 0 0 3 3 0 6

RETURN OF A BIRTH. 56555
ce of Registrar of Vital Statistics, Board of Health

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

121

Female

2. Race or Color. (if not of the white race).
3. Date of Birth.

White

3. *Date of Birth,*

May 17 1930

4. *Place of Birth, (Street and Number).*

1737 W. Pratt St.

5. Full Name of Mother.

1. Koldewey
 2. Schmitt
 3. Kalf

6. *Mother's Maiden Name.*

Salter, Schmitt

7. *Mother's Birthplace.*

Ralph Holdaway
Suggist

8. Full Name of Father,

Galileo

9. *Father's Occupation.*

L. Braddish
P. Parca St.

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks, ..

8 9 4.0 0 0 3 3 0 7

RETURN OF A BIRTH 56836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 30th 1894*
4. Place of Birth, (Street and Number) *Balto 1320. Lorman*
5. Full Name of Mother, *Elizabeth Jacobs*
6. Mother's Maiden Name, *Winger*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Jacobs*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this return. *Mrs. B. G. Bush*
- Address, *40 2024 N. Leman*
- Remarks,

[illegible]

RETURN OF A BIRTH. 56558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, May 31. (10, 45 morning)
4. Place of Birth, (Street and Number) 1111 Goodwin St. near Riggs Ave.
5. Full Name of Mother, Carrie M. Patton
6. Mother's Maiden Name, Crosley
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Patton
9. Father's Occupation, Railroad worker
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs. M. Hannel, from the
- Address, Evening Dispensary, 614 S. Charles Street,
- Remarks, _____

1 8 9 4 0 0 0 3 3 0 9

been considered in sex, color, the full name and occupation of its parents, the date and place of birth, and the actual day of such delivery, duly signed and attested by the physician or practitioner in the form of a certificate between the mother and the attending physician or practitioner, and the child to report its birth to the Commissioner of Health, or should in the case of the person or persons be in such person or persons, shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 16559 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 31/94

4. Place of Birth, (Street and Number) 2313 Eastern Ave.

5. Full Name of Mother, Melissa O'Connor

6. Mother's Maiden Name, George

7. Mother's Birthplace, Balto.

8. Full Name of Father, John O'Connor

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenlofer

Address, 2325 South St.

Remarks, 1894000331

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 31st 1894

4. Place of Birth (Street and Number)

514 N. Arlington Ave.

5. Full Name of Mother

Fannie M. Schad,

6. Mother's Maiden Name

Sills,

7. Mother's Birthplace

Balto. Md.

8. Full Name of Father

Wm. H. Schad,

9. Father's Occupation

Printer

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Charles G. G. M.D.

312 N. Cary St.

Address

Remarks

18940003311

RETURN OF A BIRTH. 56562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth, *Born May 31st 1894*
4. Place of Birth, (Street and Number) *#2173 Calverton Ave*
5. Full Name of Mother, *Mrs. Mary Joeckel*
6. Mother's Maiden Name, *Miss. Geist*
7. Mother's Birthplace, *Hessen Germany*
8. Full Name of Father, *Conrad. Joeckel*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Balto City*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Hiller*
- Address, *#2127 W. Pratt Str*
- Remarks, _____

8940003313

been conferred, its sex, color, the full name, and occupation of its parents, the date and place of birth; and the child shall be delivered, duly signed, and registered, by the person in the form of a certificate, to be given the first and third day of the month following the birth, to the Office of the Registrar of Vital Statistics, Board of Health. In case the birth occurs upon the guidance of a physician or practitioner of Health, it shall become the duty of the physician or practitioner to call upon the mother, immediately after the birth, to report its birth to the Commissioner of Health, in the manner and within the time required by the provisions of this section, and to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 3 3 1 4

month, and shall set forth as the same can be ascertained, the full name of each child, of birth, and the date when conferred; the sex, color, the full name of the parents, the date and place of birth; and the full schedule shall be signed by the practitioner in form of a certificate between the first and last names of the child, and shall be filed in the office of the Commissioner of Health. No other person be in the office without the attendance of a physician. It shall become the duty of the parent or parents of such child to appear upon the mother, Commissioner of Health, in the waiting and within the office of the Commissioner of Health, to comply with the provisions of this section. shall be subject to a fine of not less than one dollar nor more than five dollars, and forfeitures are recoverable, except to the fine of five dollars (such offense), to be recovered, and other fines and forfeitures are recoverable.

number, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of its birth, and the date when it shall be delivered, duly signed by the practitioner in the form of a certificate between the lines of this schedule, and shall file the same in the office of the Commissioner of Health, in the manner and within the period provided by law, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the practitioner to report the birth of any child to the Commissioner of Health, in the manner and within the period provided by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

May 31st. 1924

4. Place of Birth, (Street and Number).

126 Dover St.

5. Full Name of Mother,

Lizzie Kirsraykin

6. Mother's Maiden Name,

" Wallitzkin

7. Mother's Birthplace,

Russia

8. Full Name of Father,

George Kirsraykin

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return,

C. L. Badden

Address,

418 N. Dora St.

Remarks,

8940003316

month, and shall set forth as far as the same can be ascertained the full name of each child if male, shall have been conferred) his sex, color, the full name of the father, the date, time, and place of birth, and the date of the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or person who shall attend upon the mother, immediately after the birth of the child, shall be required to procure a permit of such attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 31st 1894

4. Place of Birth, (Street and Number) 631 Columbia Ave

5. Full Name of Mother, Mary Stankiewicz

6. Mother's Maiden Name, Mary Otramba

7. Mother's Birthplace, Germany

8. Full Name of Father, John Stankiewicz

9. Father's Occupation, Tailor

10. Father's Birthplace, Lithuania (Russia)

Name of Medical Attendant, or other person who makes this Return, J. J. Anzulatz, M.D.

Address, 820 E Baltimore st

Remarks, 8940003317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louis Anton Meier *3. Child*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Boy*
 1. Sex, (state whether male or female) *White*
 2. Race or Color, (if not of the white race) *Race*
 3. Date of Birth, *Born May 31st 1894*
 4. Place of Birth, (Street and Number) *# 301 S. Calhoun Str*
 5. Full Name of Mother, *Mrs. Maggie Meier*
 6. Mother's Maiden Name, *Miss. " Engel*
 7. Mother's Birthplace, *Bayern, Germany*
 8. Full Name of Father, *Anton Meier*
 9. Father's Occupation, *Baker*
 10. Father's Birthplace, *Böhmen, Germany*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Hiller*
 Address, *# 2127 W Pratt Str*
 Remarks,

18940003318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

31. of May 99
2116 Christian St.

4. Place of Birth, (Street and Number)

Kath. Eirenberg

5. Full Name of Mother,

Kath. Eirenberg

6. Mother's Maiden Name,

Loe

7. Mother's Birthplace,

Samuel Eirenberg

8. Full Name of Father,

Schlesinger

9. Father's Occupation,

Loe

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Friederike Heuler Midwife
2116 West Pratt St.

Address,

Remarks,

18940003319

and the said certificate shall be delivered, duly signed by the practitioner or in the form of a certificate between the first and third of every month to the office of the Registrar of Vital Statistics, Board of Health. In case the other person be in attendance upon the child, the practitioner shall become a medical attendant, and within the period above required shall be subject to the provisions of the Health Law, and shall be liable to the same penalties as are provided for in the said law. Any person who fails to comply with the provisions of the Health Law, and who is liable to be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any child shall be delivered, the full name and occupation of its parent, the date and place of birth, and the date of its birth, shall be entered in the schedule. In case the birth of any child shall occur within the third month of pregnancy, the physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

2nd
Male
White

May 31 1894

128 S. Carey

Mary L. Neal

Mary Layton

Helahvann

George Neal

Laborer

Maryland

S. W. States M.D.

1894 May 31 3/20
1634 3/20
Bryette St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall be born, the date of birth, the full name and occupation of its parents, the date and place of birth; and the date of the birth of each child, and the date of its occupation by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons in attendance upon such person or persons who shall be liable to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars (see 4-2-1) if a difference to be covered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *Colored*

3. Date of Birth, *31st May*

4. Place of Birth, (Street and Number) *State of Maryland W. S. Tinsler st*

5. Full Name of Mother, *Mrs William H. T. Lamack*

6. Mother's Maiden Name, *Nattie Serena Mack*

7. Mother's Birthplace, *State of Maryland*

8. Full Name of Father, *William Henry Thomas Lamack*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *State of Maryland*

Name of Medical Attendant, or other person who makes this Return. *Elizabeth Bias*

Address, *540 West Biddle st*

Remarks, *8 9 4 0 0 0 3 3 2 1*

56571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

20

Wals.

white.

May 31 ~~20~~

1731' 2 Davidson Ave -

Grace A. Knowles -

Grace Adams -

and -

James W Knowles.

Merchant.

Ind -

ITV www.itv.org.uk

1 8 9 4 03/05-10 3 3 2 2 *Monument*

1 8 9 4 0 0 0 3 3 2 2

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mother, and shall be as true as the same can be ascertained; the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of the month in which the child was born; and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to comply with the provisions of the law relating to the same, and to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

May 31, 1894.

4. Place of Birth, (Street and Number)

523 Falls Road.

5. Full Name of Mother,

Jersey Barnes.

6. Mother's Maiden Name,

Harris.

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

Thomas A. Barnes.

9. Father's Occupation,

Iron Moulder

10. Father's Birthplace,

Ind.

Name of Medical Attendant,

or other person who makes this Return,

Chas. H. Mitchell M. D.

Address,

291 Chestnut ave.

Remarks,

18940003323

RETURN OF A BIRTH. 56.573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 3 3 2 4

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the certificate shall be delivered by the practitioner in the form of a certificate between the first and third month of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the certificate shall be procured by the parents, and the attendance upon the mother immediately thereafter. It shall become the duty of the person so required to report to his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section shall be and is liable to the fine of ten dollars for each offense, to be covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56574

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

III

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

May 31, 1894

4. Place of Birth, (Street and Number)

1116 Loring Alley

5. Full Name of Mother,

Bessie Loring

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

677 N. Lombard St.

Remarks,

"Dying"

Harry H. Arthur, M.D.
In Residence

8940003325

been conceived, his sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be received every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

teen consecutive) his sex, color, the full name and occupation of his parents, the date and place of birth, and the date and place of delivery, and the name and occupation of the practitioner in the town or city in which the child was born. In case the birth of any child shall occur within the third day of each and every month to the date of the next meeting of the Board of Health, the mother immediately thereafter, it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

I

1. Sex, (state whether male or female).

Male -

2. Race or Color, (if not of the white race).

Black.

3. Date of Birth.

May 31, 1894.

4. Place of Birth, (Street and Number).

7021 Cider Alley -

5. Full Name of Mother.

Ella Gross.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Harry N. Arthur M.D.
Dr. Resident Phy 5 -

Address.

622 N. Lombard

Remarks.

8 9 4 0 0 0 3 3 2 6

RETURN OF A BIRTH. 57576
 ce of Registrar of Vital Statistics, Board of Health

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1
1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... May 31, 1894
4. Place of Birth, (Street and Number)..... Free Dispensary Hospital, 622 W. Lombard
5. Full Name of Mother,..... Florence Atkinson
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation.....
10. Father's Birthplace,.....
- Name of Medical Attendant, or other person who makes this Return..... Harry A. Arthur, M.D.
- Address,..... 622 W. Lombard St. & Resident Physician
- Remarks,.....

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of delivery, and the day of each and delivered, duly signed by the practitioner in the presence of a competent and disinterested person without the attorney, and the child to report its name to the Commissioner of Welfare, or a physician or practitioner of midwifery, or a nurse, or a person or persons authorized by the Commissioner of Welfare, in the manner and duty of the person so authorized, to the effect of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 4 0 0 0 3 3 2 7

RETURN OF A BIRTH. 56577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, within the month to the office of the Commissioner of Health, by the first and third day of each month, to the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period or periods of such child to report its birth to the Commissioner of Health, in the manner and within the period or periods of such any such person or persons shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

IV

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth, ———

May 31, 1894

4. Place of Birth, (Street and Number)

116 Sorman Alley

5. Full Name of Mother, ———

Bettie Loving

6. Mother's Maiden Name, ———

7. Mother's Birthplace, ———

8. Full Name of Father, ———

9. Father's Occupation, ———

10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return.

Harry N. Arthur M.D.

Address, 622 N. Lombard St.

Remarks, "Twin"

6 9 4 0 0 0 3 3 2 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—/

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race) Black

3. *Date of Birth*, 11. 18. 1884

4. *Place of Birth, (Street and Number)* _____

5. Full Name of Mother, John Gannan

6. Mother's Maiden Name, Thompson

7. Mother's Birthplace,

8. Full Name of Father,.....

9. *Father's Occupation*.....

10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, ...

189400

8 9 4 0 0 0 3 3 2 9

RETURN OF A BIRTH. 56579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Edna May

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8940003330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, 1 May
4. Place of Birth, (Street and Number) 552 Oxford st
5. Full Name of Mother, Emma Marshall
6. Mother's Maiden Name, Emma Plaker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Levi Plaker
9. Father's Occupation, Laborer
10. Father's Birthplace, Harford County Md
- Name of Medical Attendant, or other person who makes this Return, Mrs Annie Phares
- Address, 704 Tysul street
- Remarks,

8 9 4 0 0 0 3 3 3 1

RETURN OF A BIRTH.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)—

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. Place of Birth, (Street and Number).

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

RETURN OF A BIRTH. 56583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race) *Irish*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 3 3 3 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 3 3 3 5

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and residence of the mother, the date and place of birth; and the said certificate shall be delivered forthwith to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall occur without the attendance upon the mother, immediately thereafter the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 3

4. Place of Birth, (Street and Number) 1573 Regd Ridgland St

5. Full Name of Mother, Annie Miller

6. Mother's Maiden Name, Annie Graff

7. Mother's Birthplace, Germany

8. Full Name of Father, Caspar Miller

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs C. Frankstich

Address, 2859 N. Fulton Avenue

Remarks, _____

1 8 5 4 0 0 0 3 3 3 6

RETURN OF A BIRTH. 56586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,.....

Remarks.

8 9 4 0 0 3 3 3 7

RETURN OF A BIRTH. 56587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 3, 1911
4. Place of Birth, (Street and Number) Waters Hospital, 115 W. Lombard St.
5. Full Name of Mother, Jessie Johnson
6. Mother's Maiden Name, Jessie Johnson
7. Mother's Birthplace, Maryland
8. Full Name of Father, X
9. Father's Occupation X
10. Father's Birthplace, X

Name of Medical Attendant, or other person who makes this Return, Alfred T. Gunders M.D.

Address, Maternity Hospital

Remarks,

8 9 4 0 0 0 3 3 3 8

[illegible]

RETURN OF A BIRTH. 56589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 11, 1894

4. Place of Birth, (Street and Number) Maternity Hospital, 116 W. Lombard St.

5. Full Name of Mother, George Lee

6. Mother's Maiden Name, George Lee

7. Mother's Birthplace, Maryland

8. Full Name of Father, X

9. Father's Occupation, Y

10. Father's Birthplace, X

Name of Medical Attendant, or other persons who makes this Return, Alfred Cunningham, M.D.

Address, Maternity Hospital

Remarks, 8940003340

any such return as is required by this act, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Registrar of Vital Statistics, and to the physician or practitioner of medicine, immediately thereafter, in the manner and within the period above required, and

attendance upon the mother, immediately thereafter, in the manner and within the period above required, and

the day of the person or persons of such

in the form of a certificate between the first and

the date and place of birth; and the

the full name and occupation of the

been conferred, his sex, color, the

RETURN OF A BIRTH. 56590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 9

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 3 3 4 1

RETURN OF A BIRTH. 56591
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth. (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 3 3 4 2

[illegible]

RETURN OF A BIRTH. 56592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and the date and place of birth, and the certificate between of any child of the mother, and no other person be in the family, or the person or persons shall be liable to the provisions of this act, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Males

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 3/94

4. Place of Birth, (Street and Number) Ball. No 2026 C. Fayette St.

5. Full Name of Mother, Mrs Mary Hunter Kuhn

6. Mother's Maiden Name, Mrs Mary Kuhn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr George Kuhn

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Jos. Krueger

Address, No 2026 C. Fayette St.

Remarks,

18940003343

RETURN OF A BIRTH. 56593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of May
4. Place of Birth, (Street and Number) 1120 Hase St
5. Full Name of Mother, Anna Kiffner
6. Mother's Maiden Name, = Kleber
7. Mother's Birthplace, Polte
8. Full Name of Father, Georg Kiffner
9. Father's Occupation, Police Officer
10. Father's Birthplace, Polte

Name of Medical Attendant, or other person who makes this Return, Wm. J. Neess
P. H. G.

Name of Medical Attendant, makes this Return, 2522 1st Ave.
Address, 2522 1st Ave.

Remarks,	8	9	4	0	0	0	3	3	4	4
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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 6th May

4. Place of Birth, (Street and Number) 329 E. Front St.

5. Full Name of Mother, Mary William

6. Mother's Maiden Name, Mary Thomas

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, David C. William

9. Father's Occupation, Laborer

10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this return, Mrs. D. Bird Midwife

Address, No 506 E. High St.

Remarks,

8 9 4 0 0 3 3 4 5

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, and shall remain on file in the office of the Commissioner of Health, or should no birth of any child be reported, the practitioner shall become the duty of the person or persons of each child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 6, 1894.
4. Place of Birth, (Street and Number) 1025 N. Carrollton Ave.
5. Full Name of Mother, Mary L. Brown
6. Mother's Maiden Name, Bailey
7. Mother's Birthplace, Ind.
8. Full Name of Father, Alex. W. Brown
9. Father's Occupation, Carpenter
10. Father's Birthplace, Ind.
- Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill
- Address, 1103 Madison Ave.
- Remarks, _____

8940003346

RETURN OF A BIRTH. 56596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex. (state whether male or female).....*Female*

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 8 94

4. Place of Birth, (Street and Number) *Maternity Hospital, 115 118 120 Ave. 121 St.*

5. Full Name of Mother, *Pattie Goss*

6. Mother's Maiden Name, Patterson

7. Mother's Birthplace, *Wisconsin*

8. Full Name of Father,

9. Father's Occupation..... X

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address, _____

Remarks,

8 9 4 0 0 0 3 3 4 7

RETURN OF A BIRTH. 5659/

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks, ...

8 9 4 0 0 0 3 3 4 8

SECTION 10. And for the further enactment and ordained that every person practicing midwifery in the City of Baltimore, under whose charge an antenatal birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on book schedule, to be prepared under her care during the life of each child, and shall cause the same to be signed by the physician or midwife who attended the birth. This schedule, in which the name of the child may be mentioned, the full name of each child, if any shall have been conferred by its sex, color, the full name and occupation of its parents, the date and place of birth of the said child, shall be delivered, this signed by the physician or midwife, to the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, and the same is not found on the said schedule, the birth of the said child shall be deemed to be a violation of the law, and the person practicing midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become his duty, within the period above required, and he shall report its birth to the Commissioner of Health, and shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars, each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation...

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, *W. H. B.*

Address,

Remarks,

8 9 4 0 0 0 3 3 4 9

any person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall be recorded, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be forwarded to the Commissioner of Health, on or before the first day of January following the year in which the same were recorded. The schedule shall be filled out by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the father or mother of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56599 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 126

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 10th 1904

4. Place of Birth, (Street and Number) 1002 Greenmount St

5. Full Name of Mother, Killie King

6. Mother's Maiden Name, Killie King

7. Mother's Birthplace, Baltimore

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, J. B. [Signature]

Address, 819 E. Chase St

Remarks, _____

18940003350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ..

2. *Race or Color, (if not of the white race)*—

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*—

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, —

Remarks.

8 9 4 0 0 0 3 3 5 1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female), Male
2. Race or Color, (if not of the white race), White
3. Date of Birth, May 10 1894
4. Place of Birth, (Street and Number), 111 Clifton Place
5. Full Name of Mother, Florida Rogers
6. Mother's Maiden Name, Swift
7. Mother's Birthplace, Barro Co
8. Full Name of Father, Geo. S. Bradley
9. Father's Occupation, Mechanic
10. Father's Birthplace, Barro Co
Name of Medical Attendant, or other person who makes this Return, W. L. Harvey, M.D.
Address, 700 E. Chase St.
Remarks,

8 9 4 0 0 0 3 3 5 2

RETURN OF A BIRTH. 56602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female), Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, *Mar 10th 1894*

4. Place of Birth, (Street and Number) 714 E. 6th St. N. Sterling, Ill.

5. Full Name of Mother, Annie Duggles

6. Mother's Maiden Name, Shaw

7. Mother's Birthplace, Calicut

8. Full Name of Father, Geo. W. Frengle

9. Father's Occupation, Ship Make

10. Father's Birthplace, 10 act

Name of Medical Attendant, or other person who makes this Return.

Address, _____ 700 E. 6th St. & W.

Remarks,

8 9 4 0 0 0 3 3 5 3

Wm J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, May 11th 1894
 4. Place of Birth, (Street and Number) 708 N. Mount St
 5. Full Name of Mother, Ellen S. Kirr
 6. Mother's Maiden Name, Dawson
 7. Mother's Birthplace, Salisbury Co Md
 8. Full Name of Father, Chas R. Kirr
 9. Father's Occupation, Comm Merchant
 10. Father's Birthplace, Lancaster Co Pa
 Name of Medical Attendant, or other person who makes this Return, R. C. Lee
 Address, Hannum St.
 Remarks,

[illegible]

8 9 4 0 0 0 3 3 5 4

Every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by the practitioner, and shall be filed in the office of the Commissioner of Health. Every person practicing midwifery shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12 - 94
4. Place of Birth, (Street and Number) 659 Lee St.
5. Full Name of Mother, Margaret Günther
6. Mother's Maiden Name, Carney
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm. Günther
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other person who makes this Return, Thos. M. Lampson
- Address, 412 S. Paca St.
- Remarks, _____

8940003355

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 3 3 5 6

RETURN OF A BIRTH. 56606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

1 8 9 4 0 0 3 3 5 7

Birthmaster under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall thereon enter the name of the child, the name of the mother, the sex, color, the full name and occupation of its parents, the date and place of birth, and the date of delivery, and shall also enter the name of the physician or midwife, or should no other person be in attendance, the name of the person or persons who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (\$10) dollars, for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 13 1894*
4. Place of Birth, (Street and Number) *No. 1212 Bingen St.*
5. Full Name of Mother, *Mrs. M. Rafferty*
6. Mother's Maiden Name, *I*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *John Rafferty*
9. Father's Occupation, *Street Car Conductor*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other person who makes this Return, *Dr. R. E. Cleavelly, Jr.*
- Address, *1748 Harper Ave.*
- Remarks,

1 8 9 4 0 0 0 3 3 5 8

RETURN OF A BIRTH. 56608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, &c.) 202

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 13: 74

4. Place of Birth, (Street and Number) 1004 Cathedral St

5. Full Name of Mother, Priscilla Johnson

6. Mother's Maiden Name, " Mattus.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, S. S. Johnson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, O. E. Williams

Address, 1128 Cathedral St

Remarks,

8 4 4 0 0 0 3 3 5 9

Baltimore under whose charge or superintendence a birth shall hereafter be registered, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. *Nov 9*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *13th May.*
 4. Place of Birth, (Street and Number) *1000 Guilford St*
 5. Full Name of Mother, *Maggie C. Toole*
 6. Mother's Maiden Name, *Maggie Lee*
 7. Mother's Birthplace, *Ireland*
 8. Full Name of Father, *John C. Toole.*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Ireland*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. A. J. Wick Meckwige.*
 Address, *No 506 N. High St.*
 Remarks, _____

18940003360

RETURN OF A BIRTH. 56610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katie Markham *Prouty*
No. of Child of Mother, (state whether 1st, 2d, 3d, dec.) *2*

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *May 14 / 1917*
 4. Place of Birth, (Street and Number) *Balt. No 12 L. Washington*
 5. Full Name of Mother, *Mrs Mary E. Prouty*
 6. Mother's Maiden Name, *Mrs " " Brightwell*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Mr William E. Prouty*
 9. Father's Occupation, *Pharm*
 10. Father's Birthplace, *Balt.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Jesse Krueger*
- Address, *No 2026 E. Fayette St.*
- Remarks, *SINCE NAME ADDED 5-12-54*
h.m.

8940003361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 1st 1904

4. Place of Birth, (Street and Number) Wideman & Buffum

5. Full Name of Mother, Kate Moore

6. Mother's Maiden Name, Reagan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Geo. R. Moore

9. Father's Occupation, Car Mechanic

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. C. Perry

Address, 700 B. B. Lane St.

Remarks,

8940003362

RETURN OF A BIRTH. 566/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) - White

3. Date of Birth, May 19-94

4. Place of Birth, (Street and Number) 920 Russell

5. Full Name of Mother, Martha E. Adams

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Maryland

8. Full Name of Father, Edward D Adams

9). Father's Occupation Engineer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, *Thos. M. Dempsey*

Address, 412, S. Pacific

Remarks,

8 9 4 0 0 0 3 3 6 4

RETURN OF A BIRTH. 56614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22. May.

4. Place of Birth, (Street and Number) 120. E. Hill St.

5. Full Name of Mother, Mary Ellen Engelbach

6. Mother's Maiden Name, Mary Ellen Sherr

7. Mother's Birthplace, Balto. M. D.

8. Full Name of Father, Jacob J. Engelbach

9. Father's Occupation, Labor.

10. Father's Birthplace, Balto. M. D.

Name of Medical Attendant, or other person who makes this Return Mrs. Anna Taylor

Address, 41. Gilboeds. alley.

Remarks,

8 4 4 0 0 3 3 6 5

RETURN OF A BIRTH. 56613-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female)..... Female

2. Race or Color, (if not of the white race) — White

3. *Date of Birth*, May 23rd 1894

4. Place of Birth, (Street and Number) - Franklin Co. Stockton, Cal.

5. Full Name of Mother: Jane M. Cassler

6. Mother's Maiden Name. Louise M. Cantor

7. Mother's Birthplace. *Baltimore*

5. Full Name of Father: John L. Decker

9. Father's Occupation Plumber

10. Father's Birthplace Balto City

Name of Medical Attendant or other person who Signature of Person

Boyle & Plummer Assoc

Address, 807 1/2 Washington Ave.,

8 9 4 0 0 0 3 3 6 6

56616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 24 - 94

4. Place of Birth, (Street and Number) 329 S. Paca. St.

5. Full Name of Mother, Cath. M. Ballerstedt;

6. Mother's Maiden Name, Hauhn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Christopher Ballerstedt

9. Father's Occupation Mould-Maker

10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Thos. M. Humphreys

Address, 412 S. Paca. St.

Remarks,

8 9 4 0 0 0 3 3 6 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 24 / 1874*

4. Place of Birth, (Street and Number) *618 Columbia ave*

5. Full Name of Mother, *Lillie Hill*

6. Mother's Maiden Name, *Lillie Gray Kelly*

7. Mother's Birthplace, *Chicago Ill*

8. Full Name of Father, *Henry Hill*

9. Father's Occupation, *Clothing Printer*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other person who makes this Return, *Mrs Bangs*

Address, *711 N. Cross st*

Remarks, _____

8940003368

Register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of the child, the date and place of birth, and the sex, color, race, and occupation of the parents, in the form of a certificate between the first and the last of each month, and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother shall be required to report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and any such mother who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) - *Male*

2. Race or Color, (if not of the white race)- On ale

3. Date of Birth, May 3, 1894

4. Place of Birth, (Street and Number) 1001

5. Full Name of Mother, Ella S. S. 12 Myrtle Ave, Baltimore

6. Mother's Maiden Name, Ella S Smith

7. Mother's Birthplace, Ball - Ball

8. Full Name of Father, John D. Moore, Jr.

9. Father's Occupation Police Officer

10. Father's Birthplace, Anne B.

Name of Medical Attendant, or other person who makes this report Dr. J. L. L. L.

Address. 914 St Charles St - D Dr. Charles E. D. Charles E. D. Charles E. D.

Remarks, Charles E. Baltimore, Ind
GIVEN NAME ADDED. 8-1-58

1 8 9 4 0 0 0 3 3 6 9

RETURN OF A BIRTH. 56619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Jan 4, 1894
 4. Place of Birth, (Street and Number) 504 E. Lexington Ave.
 5. Full Name of Mother, Mary Rodgers
 6. Mother's Maiden Name, Mary Smith
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, Thomas Mayoy
 9. Father's Occupation, laborer
 10. Father's Birthplace, Porto
 Name of Medical Attendant, or other person who makes this Return, James O'Connor
 Address, 224 Carlton St.
 Remarks, _____

18940003370

Register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, place of birth, and the date of birth, sex, color, the full name and occupation of the mother, and the name of the physician or practitioner in the form of a certificate between the first and second schedules shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to report to the Commissioner of Health, and within the period above required, and any such report shall be subject to the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

4. Place of Birth, (Street and Number) *Pa*

6. *Mother's Maiden Name,*

8. Full Name of Father,

10. *Father's Birthplace.*

Address.

8 9 4 0 0 0 3 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

register of each birth, and shall enter the same on blank "Certificates of Birth," to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as follows: the date and place of birth, the sex, color, the full name of the child, the name of the mother, the name of the father, the name of the physician or practitioner of midwifery, or whoever attended the birth, and the name of the person or persons who attended the child. The schedule shall be delivered, duly signed by the practitioner of midwifery, or whoever attended the birth, to the Commissioner of Health, in the month in which the birth of any child shall occur, and the Commissioner of Health shall cause the same to be entered in the register of births, and shall cause the same to be filed in the office of the Commissioner of Health, in the month in which the birth of any child shall occur. The Commissioner of Health shall cause the same to be filed in the office of the Commissioner of Health, in the month in which the birth of any child shall occur. The Commissioner of Health shall cause the same to be filed in the office of the Commissioner of Health, in the month in which the birth of any child shall occur.

RETURN OF A BIRTH. 56624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XI
 1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, May 5/94
 4. Place of Birth, (Street and Number) 2020 Eastern Ave.
 5. Full Name of Mother, Margaretha Grosskopf
 6. Mother's Maiden Name, Mistel
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, Valentine Grosskopf
 9. Father's Occupation, Cooper
 10. Father's Birthplace, Balto.
 Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer
 Address, 2225 Gough St.
 Remarks,

8940003372

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the facts which the law requires to be ascertained, and shall be filled out by the physician, midwife, or other person who makes this return, and shall be delivered to the Commissioner of Health, on or before the first day of each and every month to the office of the Commissioner of Health, in the manner and within the time specified in this section. No other person or persons shall be entitled to the Commissioner of Health, in the manner and within the time specified in this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address, Free Syring Hospital

Remarks,

18940003374

register of Births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth the date, hour, place, sex, color, the full name and occupation of the parents, the date and place of birth; and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If the birth of a child occurs on the first, second, or third day of each and every month to the office of the Commissioner of Health, the duty of the person or persons of such attendance upon the birth of a child shall be to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8, 1894

4. Place of Birth, (Street and Number) Bac Syring In Hospital

5. Full Name of Mother, Edith Watts

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry A. Arthur M.D.

Address Free Syring In Hospital; 622 W Front and St

Remarks, _____

18940003375

RETURN OF A BIRTH. 56625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI
3d

1. Sex, (state whether male or female).

2. Race or Color. (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 3 3 7 6

[illegible]

RETURN OF A BIRTH, 56626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 9/94

4. Place of Birth, (Street and Number).....520 S. Cannon Str.

5. Full Name of Mother, Maggie Cordall

6. Mother's Maiden Name, 88 " Lemay

7. Mother's Birthplace, Balto.

8. Full Name of Father, Peter B. Cordall

9. *Father's Occupation* Cigarmaker

10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, _____

Address, Mrs. Deisenbüchel

Remarks, 2225 Lynch P.

8 9 4 0 0 0 3 3 7 7

[illegible]

register in each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred since the last preceding report, and shall set forth as far as the same can be ascertained, the date and place of birth, and the sex, color, the full name and age of the mother, the name of the father, the name of the practitioner in the form of a certificate between the said mother and the practitioner, and the date of delivery, and the date of the third day of rest of the mother, immediately thereafter, and the date of the attendance upon the mother, immediately thereafter, and the date of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 9 - 94*

4. Place of Birth, (Street and Number) *112 E. Tabor*

5. Full Name of Mother, *Mrs Annie Burns Burns*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Patrick Burns*

9. Father's Occupation, *Burner*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return, *G. B. Williams M.D.*

Address, *Union Square*

Remarks, *Instrumental*

8940003378

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race) - White
3. Date of Birth: May 10th 1894

4. Place of Birth, (Street and Number)..... ϵ Cell.....

5. Full Name of Mother, Mary Emma

6. Mother's Maiden Name, Mary Anna

7. Mother's Birthplace, Baltimore
Pratt & Co

8. Full Name of Father, Richard C. ...

9. Father's Occupation..... Coachman
S. L. Timmer

10. *Father's Birthplace.* Danbury, Ct.

Name of Medical Attendant, _____ or other person who makes this Return, _____

Address, Cor Huntington Ave Boston

Remarks, 8 2 4 0 0 0 3 3 7 9

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 3 3 8 0

Wm. J. C. Dulany Co., City Printers and Stationers

56630

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2

- Name of Medical Attendant, or other person who makes this Return, _____

Address, 13-26 44th

Remarks.

1 8 9 4 0 0 0 3 3 8 1

RETURN OF A BIRTH. 5663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race).

3. Date of Birth, 10 May

4. Place of Birth, (Street and Number) - 425 N. J. Central Ave.

5. Full Name of Mother, Charles K. Ketch

6. Mother's Maiden Name, Mrs. Dermott

7. *Mother's Birthplace,*..... *Ball's Bluff*

8. Full Name of Father, Charles Rock

9. Father's Occupation..... Wood Turner

10. *Father's Birthplace, Ireland*

Name of Medical Attendant, or other person who makes this Return.

Address...

Remarks.

1 8 9 4 0 0 0 3 3 8 2

[illegible]

GIVEN NAME ADDED 10-6-50

RETURN OF A BIRTH 56632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Burton H. Erdman
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male,
2. Race or color, (if not of the white race) white.
3. Date of Birth, May 10th 1894.
4. Place of Birth, (Street and Number).... 520 Baker St.
5. Full Name of Mother, Annie T. Erdman.
6. Mother's Maiden Name, Annie T. Harwood,
7. Mother's Birthplace, York Co., Virginia
8. Full Name of Father, Willard F. Erdman
9. Father's Occupation, Confectioner
10. Father's Birthplace, Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return. E. G. Shower, M.D.
Address, 2510 Penna. ave.
Remarks,

6 9 4 0 0 0 3 3 8 3

RETURN OF A BIRTH. 56633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, May 11th 1894
 4. Place of Birth, (Street and Number) 917 W. Biddle St
 5. Full Name of Mother, Mary C Parr
 6. Mother's Maiden Name, Rausch
 7. Mother's Birthplace, Balta
 8. Full Name of Father, John M Parr
 9. Father's Occupation, Black
 10. Father's Birthplace, Balta

Name of Medical Attendant, or other person who makes this Return,

Address, 1801 S. Sawyer St.

Remarks,

8 9 4 0 0 0 3 3 8 4

Section 1. Any schedule shall contain a list of the persons who have occurred, analysis of her course during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred in sex, color, the full name, nomenclature of its parents, the date and place of birth; and the date of its death, if any, and the date of its burial, and the date of its removal to the hospital, and the date of its third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter I shall become the duty of the parent or parents of such child to cause the same to be reported to the office of the Commissioner of Health, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable, in addition to the fine of ten dollars for each offense, to be covered as other fines and forfeitures are recoverable, to the fine of ten dollars for each offense, to be covered as other fines and forfeitures are recoverable.

registrar of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any, shall have been born, the date of birth, the sex, the race or color, the date of birth, the place of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the person who makes this return, the name of the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *12 May*
4. Place of Birth, (Street and Number) *233 W. Eden St*
5. Full Name of Mother, *Christena Schroeder*
6. Mother's Maiden Name, *Ohnde*
7. Mother's Birthplace, *Norway*
8. Full Name of Father, *John Schroeder*
9. Father's Occupation, *Fireman on Steamer*
10. Father's Birthplace, *Norway*
- Name of Medical Attendant, or other person who makes this Return, *Mrs R Ulha*
- Address, *302 E. Lexington St*
- Remarks, _____

18940003385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *B*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address _____

Remarks.

8 9 4 0 0 0 3 3 8 6

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks.

8 9 4 0 0 0 3 3 8 7

Health.—The midwife shall enter the name on each schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the names of the parents, the date and place of birth; and the date and place of death, if any, of the child. The midwife shall also enter on the schedule the date and schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the clerk or practitioner of midwifery, or should no person be such attendant upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother to report it to the Commissioner of Health. The midwife shall be subject to report it to the Commissioner of Health if the midwife herself fail to comply with the provisions of this section. Shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13d

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Address,
Remarks, Born death

8 9 4 0 0 0 3 3 8 8

[illegible]

RETURN OF A BIRTH. 56638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 14th 1894

4. Place of Birth, (Street and Number) 726 St Peter St.

5. Full Name of Mother, Arnold Sadie E. Musworth

6. Mother's Maiden Name, Arnold

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John W. L. Unsworth.

9. Father's Occupation, Photographer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. *H. W. Weber, M.D.*
Address *723 W. 4th St.*

Address, 723 W. Lombard St.

Remarks, Natural Labor

8 9 4 0 0 3 3 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female).... *Female*

2. Race or Color, (if not of the white race)-

3. Date of Birth. 13 May

4. Place of Birth, (Street and Number) 715 09 6 Rra 11

5. Full Name of Mother, Johnnie B. B. B. B.

6. Mother's Maiden Name, See back

7. Mother's Birthplace, Palmer

8. Full Name of Father, Lawrence Dickson

9. Father's Occupation..... Waiter
Bell

10. *Father's Birthplace*, — *Q. Q. A. M. B.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 3 3 9 0

any person, who shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of the child, the date and place of birth, and the name conferred by the mother, the mother's name, the date and place of birth, and the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the parent or parents of such child to appear before the Commissioner of Health, in the manner and within the period above required, and to attend upon him or her, and to sign the schedule, and to pay the fee thereon, and to deliver the same to the Commissioner of Health, who shall thereafter fail to comply with the provisions of this section, and to receive any such person or persons, who shall thereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars, to be recovered as often and in such manner as the Commissioner of Health may direct, and to be collected to the use of ten dollars, to be recovered as often and in such manner as the Commissioner of Health may direct.

RETURN OF A BIRTH. 56640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ^d
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	May 15. 1894
4. Place of Birth, (Street and Number)	328 W. Pratt street
5. Full Name of Mother,	Thelma Schmidt
6. Mother's Maiden Name,	L. Haasloer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Schmidt
9. Father's Occupation	merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Marie E. Halwitzer M. D.
Address,	725 Houlberg street
Remarks,	

8 9 4 0 0 0 3 3 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

8 9 4 0 0 0 3 3 9 2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)-----

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 3 3 9 4

This schedule shall contain a list of the births which have taken place during the Commission of the year, and shall be forth as the same can be ascertained from the registers of the Commission of the year. This schedule shall contain a list of the births which have taken place during the Commission of the year, and shall be forth as the same can be ascertained from the registers of the Commission of the year. This schedule shall contain a list of the births which have taken place during the Commission of the year, and shall be forth as the same can be ascertained from the registers of the Commission of the year.

month, and shall set forth as far as the same can be ascertained the full name of said child at the time of birth; and the child shall be delivered to the mother, or to the person or persons to whom the same may be delivered, within the first and third day of the month in which the child is born, and the mother or person or persons to whom the same may be delivered, shall immediately report to the office of the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940003395

RETURN OF A BIRTH.

56645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any) shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such sex, color, name, and occupation, as above stated, to sign and forward to the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940003396

GIVEN NAME ADDED. 7/29/71

RETURN OF A BIRTH 5646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: LUCY MARIA ~~FLETCHER~~ 2nd.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd ^(no.) _u

- | | |
|---|----------------------------|
| 1. Sex, (state whether male or female) | Female. |
| 2. Race or color, (if not of the white race) | Colored. |
| 3. Date of Birth, | May 20 th 1894. |
| 4. Place of Birth, (Street and Number).... | 418, St. Mary St. |
| 5. Full Name of Mother, | Maria Fletcher. |
| 6. Mother's Maiden Name, | Maria Murphy. |
| 7. Mother's Birthplace, | Virginia. |
| 8. Full Name of Father, | Nicholas Fletcher. |
| 9. Father's Occupation, | Waiter. |
| 10. Father's Birthplace, | Prince George's Co. Md. |
| Name of Medical Attendant, or other person who makes this Return. | E. G. Shower, M. D. |
| Address, | 2570 Penna. ave. |
| Remarks, | |

8 9 4 0 0 3 3 9 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 3 3 9 8

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 3 3 9 9

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 3 4 0 0

Each of these certificates shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician, the person attending the mother shall be held responsible for the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1st 1894

4. Place of Birth, (Street and Number) Car York Road Kottford Ave

5. Full Name of Mother, Annie Kistler

6. Mother's Maiden Name, " Elchison

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Kistler

9. Father's Occupation, Hunter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. C. Rankin M. D.

Address, Waverly Station

Remarks, B. L. M. D.

8940003401

GIVEN NAME ADDED 7-3-57 56651 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Brannick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, may 3rd 1894

4. Place of Birth, (Street and Number) 1017 Tregon ally

5. Full Name of Mother, Ezzie A. Brannick

6. Mother's Maiden Name, Ezzie Thomas

7. Mother's Birthplace, 10 Baltimore and

8. Full Name of Father, William A. Brannick

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore and

Name of Medical Attendant, or other person who makes this Return, Mary L. Jones

Address, 1121 saratoga st

Remarks, 18940003402

month, and shall set forth as far as the same can be ascertained, the full name and the practitioner in the form of a certificate between the first and third day of the month, and the date and place of birth; and the said certificate shall be delivered to the office of the Commissioner of Health. In case the birth of a child is reported to the office of the Commissioner of Health by a physician or practitioner of medicine, the duty of the person or persons of such attendance upon the mother, immediately in writing, in the manner and within the period above required, and the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

This schedule shall contain a list of the births which have occurred under his or her care during the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. The practitioner or practitioner of midwifery or should no other person be in attendance with the mother, the practitioner or practitioner of midwifery or should no other person be in attendance with the mother, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 4th 1894
4. Place of Birth, (Street and Number) 418 St. George St
5. Full Name of Mother, Mary Ramer
6. Mother's Maiden Name, Schwab
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Ramer
9. Father's Occupation, Commercial Traveler
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, John Jeff M.D.
- Address, 701 N. Carrollan
- Remarks, _____

18940003403

RETURN OF A BIRTH. 56653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 114

1. Sex, (state whether male or female) ... Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 4A May 1894

4. Place of Birth, (Street and Number)..... 11030

5. Full Name of Mother, Harriet B. Smith

6. Mother's Maiden Name, W. E. Smith

7. Mother's Birthplace, Bath

8. Full Name of Father, George J. Burck

9. Father's Occupation..... Chief

10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return. Wm. J. Smith

Address, *1000 14th St. N.W. Washington, D.C.*

Remarks, _____

8 9 4 0 0 0 3 4 0 4

[illegible]

RETURN OF A BIRTH. 56654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female), boy

2. Race or Color, (if not of the white race).....

3. Date of Birth, 11 Dec 1922

4. Place of Birth, (Street and Number)..... 1316 Grand St.

5. Full Name of Mother, Anna Decey

6. *Mother's Maiden Name.* 23 00 1892

7. *Mother's Birthplace,* W. Va.

8. Full Name of Father, Charles F. Jones

9. *Father's Occupation* 22

10. *Father's Birthplace,* ----- 1772

Name of Medical Attendant, or other person who makes this Return,

Address, _____

Remarks, 8 9 4 0 0 0 3 4 0 5

[illegible]

RETURN OF A BIRTH. 56655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race).

3. Date of Birth, 24 May 1894

4. *Place of Birth, (Street and Number)* 1015 1/2 Ave. 28, New York

5. Full Name of Mother, Barbara Edwards

6. Mother's Maiden Name, 11 Bell

7. *Mother's Birthplace,* 1103 St. Louis

8. Full Name of Father, Frederick E. Edwards

9. *Father's Occupation*.....

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. J. C. G. G. G.

Address, _____

Remarks, _____

8 4 0 0 0 3 4 0 6

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of delivery, and every other fact which may be ascertained, and which may be of use in the future. The duty of each and every practitioner in the delivery of a child, or the birth of any child, shall be to immediately report the same to the Commissioner of Health, or to the Registrar of Births, and to the medical attendant upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and may such person or persons who shall neglect to do so, be liable to a fine of not more than \$100, and be liable to be ejected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940003407

GIVEN NAME ADDED 5-5-60
RETURN OF A BIRTH. 56659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Grace Seabreeze 2nd
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 12th 94*
4. Place of Birth, (Street and Number) *455 23rd St*
5. Full Name of Mother, *Mary Kate Ann Seabreeze*
6. Mother's Maiden Name, *House*
7. Mother's Birthplace, *Md.*
8. Full Name of Father, *William Seabreeze*
9. Father's Occupation, *Motor-man*
10. Father's Birthplace, *Md.*
- Name of Medical Attendant, or other person who makes this Return, *Dr. Hartman*
- Address, *815 Jefferson Ave.*
- Remarks,

1 8 9 4 0 0 0 3 4 1 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female)... *Male*

2. Race or Color, (if not of the white race)— Colored

3. Date of Birth, May 12, 1894

4. Place of Birth, (Street and Number) 4 Pearl Street

5. Full Name of Mother, Ida Waters

6. Mother's Maiden Name, Ida White

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Johnson Waters

9. Father's Occupation..... Driver

10. Father's Birthplace, *Fredricks*

Name of Medical Attendant, or other person who makes this Return,

Address, 409 Boston Street

Remarks.

8 9 4 0 0 0 3 4 1 1

RETURN OF A BIRTH. 56661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2640 Crystal Ave. May 13th*

4. Place of Birth, (Street and Number) *2640 Crystal Ave*

5. Full Name of Mother, *Sarah Libbett*

6. Mother's Maiden Name, *White*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John W. Libbett*

9. Father's Occupation, *Conductor N.E.R.R.*

10. Father's Birthplace, *Pa.*

Name of Medical Attendant, or other person who makes this Return, *John Kepp MD*

Address, *York Junction Ave*

Remarks, _____

1 8 9 4 0 0 0 3 4 1 2

RETURN OF A BIRTH

56662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Brown
3. Date of Birth, May the 14
4. Place of Birth, (Street and Number) 1623 St Joseph St
5. Full Name of Mother, Mary Armstrong
6. Mother's Maiden Name, Mary Kendrick
7. Mother's Birthplace, St Marys Co Md
8. Full Name of Father, Joseph Armstrong
9. Father's Occupation, Cooking
10. Father's Birthplace, St Marys Co Md
- Name of Medical Attendant, or other person who makes this Return. Annal Forest
- Address, 715 Durham St
- Remarks, Mid Wife

8940003413

56663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)--

2. Race or Color, (if not of the white race).

3. *Date of Birth*,

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

1 8 9 4 0 0 0 3 4 1 4

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Florence Katherine Ewoldt

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth, 15th May.

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, *Mary*

6. Mother's Maiden Name, Mary

7. Mother's Birthplace, *Green*

8. Full Name of Father,.....

9. *Father's Occupation.*

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

Remarks: 1 8 9 4 1

REMARKS, (continued)

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 15th 1877*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, Louise Betty

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 3 4 1 6

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any, during the year, its sex, color, the date and place of birth, and the name of the person or persons to whom the child was born, and the name of the person or persons who shall hereafter fall to be recovered its other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Charles Ahrling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, May 16th 1894.
 4. Place of Birth, (Street and Number) 1108 N. Franklin St.
 5. Full Name of Mother, Emma F. Ahrling.
 6. Mother's Maiden Name, Anna Kammichli.
 7. Mother's Birthplace, Baltimore City.
 8. Full Name of Father, George C. Ahrling.
 9. Father's Occupation, Salveman, Carpenter.
 10. Father's Birthplace, Baltimore City.
- Name of Medical Attendant, or other person who makes this Return, John Pennington M.D.
- Address, 1716 Linden Ave.
- Remarks, _____

8 9 4 0 0 0 3 4 1 7

GIVEN NAME ADDED 1-2-52

RETURN OF A BIRTH 56667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Josephine May Herald*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 16th 1894*

4. Place of Birth, (Street and Number) *222 W. Mosker St*

5. Full Name of Mother, *Johanna Josephine Herald*

6. Mother's Maiden Name, *J. J. Tapping*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Edward C. Herald*

9. Father's Occupation, *Stationer & News Dealer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *J. C. Drane M.D.*

Address, *1001 W. Calver St*

Remarks, *None*

18940003418

RETURN OF A BIRTH. 66668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mildred Stravel Warfield

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 17th 1894

4. Place of Birth, (Street and Number) 1916 Edmondson Ave

5. Full Name of Mother, Emma Warfield

6. Mother's Maiden Name, Shaw

7. Mother's Birthplace, Balt.

8. Full Name of Father, Emory W. Warfield

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 Arguillon Ave

Remarks,

18940003419

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth: and the day of each and every month to the office of the Commissioner of Health, in which the birth of the child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the same penalties as are provided in the second section of the Act, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 17th 1894
4. Place of Birth, (Street and Number) 1512 N. Washington st.
5. Full Name of Mother, Annie G. Finch
6. Mother's Maiden Name, " " Holland
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm. W. Finch
9. Father's Occupation, Stone cutter
10. Father's Birthplace, Balto. City
- Name of Medical Attendant, or other person who makes this return, E. B. Fenby, M. D.
- Address, 1219 N. Caroline st.
- Remarks, _____

18940003420

This schedule shall be filled out by the same or blank schedule, to be furnished by the Commissioner of Health. It shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as possible the date, time, place, sex, color, and name of the child, and the name, sex, color, and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of a month, the schedule shall be delivered to the office of the Commissioner of Health upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 17 Mar.
4. Place of Birth, (Street and Number) 1170 Pennsylvania St.
5. Full Name of Mother, Luphia Grosswald
6. Mother's Maiden Name, Spahr
7. Mother's Birthplace, Balt.
8. Full Name of Father, Phil Grosswald
9. Father's Occupation, retired
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Anna M. Dea
- Address, 728 N. Cal St.
- Remarks,

1 8 9 4 0 0 0 3 4 2 1

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its father, the date and place of birth, the date and place of delivery, the sex, color, and condition of the child, the name of the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, or should the duty of the person or other person be in any such person or persons who shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56671 GIVEN NAME ADDED, 2-28-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Grace Irene Yeatman
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, May 18-1894
 4. Place of Birth, (Street and Number) #507 11th St
 5. Full Name of Mother, Georgiana Yeatman
 6. Mother's Maiden Name, " Chilcoat
 7. Mother's Birthplace, Baltimore Co Md
 8. Full Name of Father, Henry M. Yeatman
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, R W Rankin M.D
Address, Waverly Station Balto. Md
Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth. (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return, *21*

Address.

Remarks.

8 9 4 0 0 0 3 4 2 3

[illegible]

This schedule shall contain a list of the births which have occurred under the laws of the State of Maryland, and shall set forth as far as the same can be ascertained, the names of the parents, the date and place of birth; and the sex, color, and whether the child has been born alive or dead, and whether it has been born full term or premature, and whether it has been born with or without the attendance of a physician or practitioner of medicine, and whether it has been born with or without the attendance upon the mother, immediately after birth, in the manner and within the period above required, and shall report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 18th May 1894
4. Place of Birth, (Street and Number) 918 W. North St
5. Full Name of Mother, Ida Cooke
6. Mother's Maiden Name, " Washburn
7. Mother's Birthplace, Balti
8. Full Name of Father, John A. Cooke
9. Father's Occupation, Clerk
10. Father's Birthplace, Balti
- Name of Medical Attendant, or other person who makes this Return, Mrs. Julia Groome
- Address, 944 E. 5th St
- Remarks, _____

1 8 9 4 0 0 0 3 4 2 4

56674

[illegible]

121.

Male

White

19th day of May - 1894

824

Franchini St-

Sunday May Twentieth

Robinson
Carroll Co. Maryland
D. H. M. M.

Walton & M. Miller

Shipping Clerk

be a comb - Maryland

Frank - Maryland
Arch. & Cordery

1530 Harlem Ave

15 20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500 520 540 560 580 600 620 640 660 680 700 720 740 760 780 800 820 840 860 880 900 920 940 960 980 1000

8 9 4 0 0 0 3 4 2 5

RETURN OF A BIRTH. 56675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...6

1. Sex, (state whether male or female)... *Female*

2. Race or Color, (if not of the white race) - White

3. Date of Birth, May 1947

4. Place of Birth, (Street and Number) Latvia 839 N. 1st St.

5. Full Name of Mother, Annie Gleason

6. Mother's Maiden Name, Slater

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Gleason

9. Father's Occupation Labor

10. *Father's Birthplace,* ... *Baltimore*

Name of Medical Attendant, or other person who makes this Return, Mrs. Woodin

Address. 883 Greenmount Ave

Remarks:

8 9 4 0 0 0 3 4 2 6

RETURN OF A BIRTH. 56676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

405

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

May 28th 94

4. Place of Birth, (Street and Number)

101 Carroll Ave.

5. Full Name of Mother,

Catherine M. Sheubrooks

6. Mother's Maiden Name,

Green

7. Mother's Birthplace,

Balls

8. Full Name of Father,

Thomas J. Sheubrooks

9. Father's Occupation,

Printer

10. Father's Birthplace,

Balls

Name of Medical Attendant, or other person who makes this return,

J. B. Hartman

Address,

815 Jefferson Ave.

Remarks,

18940003427

Every birth must be reported to the Registrar of Vital Statistics, Baltimore City, within ten days of the birth. The Registrar will not accept a return for a birth unless it is accompanied by a certificate of the birth, signed by the attending physician or midwife, and the date and place of birth. In case the birth of any child shall occur within the attendance of a physician or midwife, the attending physician or midwife shall report the birth to the Registrar of Vital Statistics, Baltimore City, within ten days of the birth. In case the birth of any child shall occur within the attendance of a person other than a physician or midwife, the person attending the birth shall report the birth to the Registrar of Vital Statistics, Baltimore City, within ten days of the birth. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56677
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 20 May
4. Place of Birth, (Street and Number) 1814 N. Spring St
5. Full Name of Mother, Linda Brown
6. Mother's Maiden Name, Anna Brown
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Samuel Brown
9. Father's Occupation, laborer
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other person who makes this Return, Samuel Kelly
- Address, 1814 N. Spring St
- Remarks, _____

1. 8 9 4 0 0 0 3 4 2 8

This schedule shall contain a list of the births which have occurred under the care of the Registrar during the month, and shall set forth, for each child, the name, sex, color, date of birth, place of birth, and the date of registration. It shall also contain a list of the deaths which have occurred during the month, and shall set forth, for each death, the name, sex, color, date of death, place of death, and the date of registration. It shall also contain a list of the marriages which have occurred during the month, and shall set forth, for each marriage, the names of the parties, the date of marriage, and the place of marriage. It shall also contain a list of the divorces which have occurred during the month, and shall set forth, for each divorce, the names of the parties, the date of divorce, and the place of divorce. It shall also contain a list of the adoptions which have occurred during the month, and shall set forth, for each adoption, the name of the child, the name of the adoptive parent, the date of adoption, and the place of adoption. It shall also contain a list of the guardianships which have occurred during the month, and shall set forth, for each guardianship, the name of the child, the name of the guardian, the date of guardianship, and the place of guardianship. It shall also contain a list of the probates which have occurred during the month, and shall set forth, for each probate, the name of the decedent, the date of probate, and the place of probate. It shall also contain a list of the wills which have occurred during the month, and shall set forth, for each will, the name of the testator, the date of will, and the place of will. It shall also contain a list of the marriages which have occurred during the month, and shall set forth, for each marriage, the names of the parties, the date of marriage, and the place of marriage. It shall also contain a list of the divorces which have occurred during the month, and shall set forth, for each divorce, the names of the parties, the date of divorce, and the place of divorce. It shall also contain a list of the adoptions which have occurred during the month, and shall set forth, for each adoption, the name of the child, the name of the adoptive parent, the date of adoption, and the place of adoption. It shall also contain a list of the guardianships which have occurred during the month, and shall set forth, for each guardianship, the name of the child, the name of the guardian, the date of guardianship, and the place of guardianship. It shall also contain a list of the probates which have occurred during the month, and shall set forth, for each probate, the name of the decedent, the date of probate, and the place of probate. It shall also contain a list of the wills which have occurred during the month, and shall set forth, for each will, the name of the testator, the date of will, and the place of will.

RETURN OF A BIRTH

Given Name Added 1/6/60
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *James Clark Garing*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *May 21st 1894*
4. Place of Birth (Street and Number), *35 N. Eden St*
5. Full Name of Mother, *Mary E Garing*
6. Mother's Maiden Name, *at a black*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James H Garing*
9. Father's Occupation, *Pressman*
10. Father's Birthplace, *Frederick Md*

Name of Medical Attendant, or other person who makes this Return. *J. C. Fortis MD*

Address, *1519 E Baltimore St*

Remarks, *born of H Monmonies MD deceased*

6940003429

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as possible the name of each child, (or of any child, if any shall have died), the date of birth, the name of the mother, the name of the physician or practitioner of medicine, and the date of delivery, and shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should an other person be in attendance, he or she shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... male Boy Robert Baker
 2. Race or Color, (if not of the white race)..... Color Light Brown Skin
 3. Date of Birth,..... May 21st 1894
 4. Place of Birth, (Street and Number)..... 810 Peach Alley
 5. Full Name of Mother,..... Sarah Lizzie Beth Baker
 6. Mother's Maiden Name,..... Annie Johnson
 7. Mother's Birthplace,..... Baltimore Md
 8. Full Name of Father,..... Reardon Baker
 9. Father's Occupation,..... Beef Butcher
 10. Father's Birthplace,..... Wash-ton
- Name of Medical Attendant, or other person who makes this Return,..... Annie Johnson
- Address,..... no 10.45- Crossst Court
- Remarks,

1 8 9 4 0 0 0 3 4 3 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. George P. S. Witts

Name. See
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3 Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,...

Remarks.

[illegible]

RETURN OF A BIRTH. 56681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 22^d 94.

4. Place of Birth, (Street and Number) 765 W. Pratt St.

5. Full Name of Mother, Mary Elizabeth Conley

6. Mother's Maiden Name, Highes

7. Mother's Birthplace, Balt.

8. Full Name of Father, Charles Owen Owen

9. Father's Occupation, Driver

10. Father's Birthplace, . . . Baeto.

Name of Medical Attendant, or other person who makes this Return.

Address, .. 723 W. Lombard St.

Remarks, *delivered with it safe,*

1. 8 4 4 0 0 3 4 3 2

RETURN OF A BIRTH. 56682
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 3 4 3 3

RETURN OF A BIRTH. 56683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2 children

bar

1. Sex; (state whether male or female)..

White

2. Race or Color, (if not of the white race)

22 May

3. *Date of Birth,*

L. Bonestri 720

4. *Place of Birth, (Street and Number)*

Lini Beck

5. *Full Name of Mother,*

Heard

6. *Mother's Maiden Name,*

Alima

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father.*

Luis Beck

9. *Father's Occupation.*

Leberman

10. *Father's Birthplace, ...*

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Meri Pett

Address.

J Bond Str 838

Remarks.

1 8 4 0 0 3 4 3 4

RETURN OF A BIRTH. 17684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d Child

1. *Sex.* (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth..... 22 May

4. Place of Birth, (Street and Number) - 425 71 Craig St.

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1828 9th St. S.E.

Remarks, *Long Hill*

8 9 4 0 0 0 3 4 3 5

[illegible]

RETURN OF A BIRTH. 56686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred its sex, color, the date and place of birth, and the occupation of its parents, the date and place of birth, and the date and place of birth of any child shall be reported to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of the child, and the period of such attendance shall be reported to the office of the Commissioner of Health, in the manner and within the period of time prescribed by law, and any such person who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23 1894

4. Place of Birth, (Street and Number) 1073 Madison St.

5. Full Name of Mother, Mother Jones

6. Mother's Maiden Name, Mother Lumbard

7. Mother's Birthplace, Dagob

8. Full Name of Father, William H. Jones

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. P. Jones

Address, 1073 Madison St.

Remarks,

18940003437

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and which shall be reported to the Registrar of Vital Statistics, Baltimore City, on or before the first day of the month following. It shall be filled out by the physician or practitioner in the form of a certificate of birth, and shall be signed by him or her, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, on or before the first day of the month following. It shall be the duty of the physician or practitioner to become the duty of the person or persons in attendance upon the mother, immediately thereafter, in the manner and within the time specified in this section, to report its birth to the Registrar of Vital Statistics, Baltimore City, on or before the first day of the month following. Any person or persons who fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56687 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Mixed*
3. Date of Birth, *May 29th*
4. Place of Birth, (Street and Number) *5 1st St*
5. Full Name of Mother, *Emma Walker*
6. Mother's Maiden Name, *" White*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Charles*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Emma Walker*
- Address, *1000 Walker St*
- Remarks, _____

1 8 9 4 0 0 0 3 4 3 8

RETURN OF A BIRTH. 56688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1 Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks

8 9 4 0 0 0 3 4 3 9

[illegible]

RETURN OF A BIRTH. 36689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

5 children

1. Sex, (state whether male or female).

bo

2. Race or Color, (if not of the white race).

J White

3. *Date of Birth.*

24 May

4. *Place of Birth.* (*Street and Number*)..

Bethel St. 1408

5. *Full Name of Mother.*

Antonia Rajensky
Turstik

6. *Mother's Maiden Name,*

Furstlik

7. *Mother's Birthplace,*

Osteraich

8. *Full Name of Father,*

Michal Hajovsky
Carpenter

9. *Father's Occupation*

Carpenter

10. *Father's Birthplace,*

Asterayih

Name of Medical Attendant, or other person who makes this Return

or other person who
makes this Return.

Address,

Remarks, ...

Merri Roll

L. Bond St. 838

8 9 4 0 0 3 4 4 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address

Remarks.

8 9 4 0 0 0 3 4 4 1

[illegible]

RETURN OF A BIRTH. 56691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race).

3. Date of Birth, May 28 - 1956

4. Place of Birth, (Street and Number) 1115 E. 1st St.

5. Full Name of Mother, Minnie

6. Mother's Maiden Name, Raffin

7. Mother's Birthplace, ----- Lacharua
Lacharua

8. Full Name of Father, *John, Jr.*

9. Father's Occupation-----*Secretary*
Baltimore

10. Father's Birthplace, ... or other person who

Name of Medical Attendant, or other person who makes this Return,

Address, Waverly Station, Mass.

Remarks.

8940003442

RETURN OF A BIRTH 56692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. *Date of Birth,*

4. *Place of Birth (Street and Number),*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, ..

Remarks,

any person who shall contribute a lot or lots to any fair or show, or for the same can be ascertained the full name of each child, transferred to his mother, and the occupation of the parent, the date and place of birth, and the third day of the month in which the child was born, shall be delivered, duly signed by the officer of the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the event that any child shall occur without a mother, immediate notification shall be made by the physician or predilector of midwifery or other person be authorized by the Commissioner of Health, in the manner and with the provisions of this section shall be required to report its birth to the Commissioner of Health, and any such person or persons for each year, who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offender, and to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *May 25th 1894*

4. Place of Birth, (Street and Number) *1030 McCullish St. Hospital of the Good Samaritan*

5. Full Name of Mother, *Mary Ellen Williams*

6. Mother's Maiden Name, *Mary Ellen Williams*

7. Mother's Birthplace, *Stafford Co. Va.*

8. Full Name of Father, *William Taylor*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Stafford Co. Va.*

Name of Medical Attendant, *Ida Pollack M.D.*
or other person who makes this return.

Address, *Hospital of the Good Samaritan 1030 McCullish*

Remarks.

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 3 4 4 4

RETURN OF A BIRTH. 36674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
male

1. Sex, (state whether male or female) — male

1. Sex, (state whether male or female) — Male
2. Race or Color, (if not of the white race) — White

3. Date of Birth, May 23rd 1894

3. Date of Birth, May 25th 1884
4. Place of Birth, (Street and Number) 421 W 66th St
Williams

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, Giles Wilhelm
Shaw

5. Full Name of Mother, — Alice Shaw
6. Mother's Maiden Name, —

6. Mother's Maiden Name, Alice Swan
7. Mother's Birthplace, Shrewsbury Penn
Hennrich Wilhelm

7. Mother's Birthplace, Shrewsbury
8. Full Name of Father, Henry Wilhelm
Lehman

9. Father's Occupation Lab. Work
New Freedom Penn

10. Father's Birthplace, New Freeport
 or other person who GH Everhart MD

Name of Medical Attendant, or other person who makes this Return, G.A. Verma
P. S. Hunking

Name of Medical Attendant, or other person who makes this Return, Dr. C. C. C. C. C.
Address, Cor Maryland and Huntington Ave

Remarks.

0 9 4 0 0 3 4 4 5

[illegible]

RETURN OF A BIRTH. 56696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 May 1894
4. Place of Birth, (Street and Number) 1011 E. Lincoln St
Chicago, Illinois
5. Full Name of Mother, Anna Ripford
6. Mother's Maiden Name, Nelson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George A. Ripford
9. Father's Occupation, Architect
10. Father's Birthplace, Anna, Ontario Co
- Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Brown
- Address, 1144 E. 1st St
- Remarks,

8 9 4 0 0 0 3 4 4 7

[illegible]

growth and shall not act as far as the same can be ascertained, the full name of each child, if any shall have been conferred to him or her, the names of the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth certificate shall be delivered, until signed by the proper authorities, the birth certificate shall be returned to the person or persons who the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the attendance of the person or persons of the birth certificate, to be returned to the child to report to the Commissioner of Health. In the absence of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section are required, and are liable to a fine of ten dollars for each offence, to be recovered to other fines and forfeitures are recoverable, excepted to the fine of ten dollars for each offence, to be recovered to other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 17697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ruth Dean

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

8 9 4 0 0 0 3, 214. 8

the mother, and the father, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall be born), the date and place of its birth, the sex, color, the full name of its parents, the date and place where the first and second children were born, and the date and place where the third child was born. In case the birth of any child shall occur within the month, the full name of the child shall be entered in the form of a birth certificate, and the said certificate shall be delivered, duly filled out, to the office of the Commissioner of Health, on or before the third day of each and every month. The physician or practitioner who shall become the duty of the person attending the birth of a child, shall immediately thereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56698 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th May 1877

4. Place of Birth, (Street and Number) 14 Remond St

5. Full Name of Mother, Sarah Greenberg

6. Mother's Maiden Name, Batman

7. Mother's Birthplace, Prussia

8. Full Name of Father, Max Greenberg

9. Father's Occupation, Carman

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, J. E. Remond

Address, 12 Remond St.

Remarks, _____

18940003449

RETURN OF A BIRTH. 56699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), Second Child

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Saturday May 26th 1894

4. Place of Birth, (Street and Number) 520 Lambert St. Balto Md

5. Full Name of Mother, Bertie Chamberlain

6. Mother's Maiden Name, Bertie Potter

7. Mother's Birthplace, Eastern Shore Md

8. Full Name of Father, Abraham Chamberlain

9. Father's Occupation..... Porter & Janitor.

10. Father's Birthplace, Centreville Ind

Name of Medical Attendant, or other person who makes this Return. Heater Cotnam

Address, 509 Preston St West

Remarks, _____

8 9 4 0 0 0 3 4 5 0

RETURN OF A BIRTH. 56700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the name, sex, race or color, the full name and occupation of its parents, the date and place of birth, and the date and place of death, if any, of the child. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall be subject to the provisions of the law relating to the same. It shall become the duty of the person or persons, of such attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of the law relating to the same, shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

May 26 1894

4. Place of Birth, (Street and Number)

1621 Vincent ave me

5. Full Name of Mother,

Eugene Hall

6. Mother's Maiden Name,

Eugene Hall

7. Mother's Birthplace,

61 West 65th St

8. Full Name of Father,

Thomas M. M. M.

9. Father's Occupation,

Driver

10. Father's Birthplace,

Prince George Co. Md

Name of Medical Attendant, or other person who makes this Return,

Miss Sarah R. R.

Address,

1610 Vincent ave me

Remarks,

1 8 9 4 0 0 0 3 4 5 1

RETURN OF A BIRTH. 5671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as may be ascertained the full name of each child, its sex, color, the full name and address of its parents, the date and place of birth, the name of the practitioner or midwife, and the name of the medical attendant, and shall also state the name of the person who made this return, and the date when made. If the practitioner or midwife, or the person who made this return, shall fail to comply with the provisions of this section, he or she shall be liable to a fine of not more than \$100 for each child, and the fine shall be payable to the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *March 1st 1894*

4. Place of Birth, (Street and Number) *1110 W. 1st St.*

5. Full Name of Mother, *Lilly Kelley*

6. Mother's Maiden Name, *McLain*

7. Mother's Birthplace, *Balto.*

Full Name of Father, *Lawrence Kelley*

Father's Occupation, *Laborer*

Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *Wm. Henry Knepper*

Address, *1112 North St.*

Remarks,

940001452

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been previously registered, the name of such child shall be given,) the sex, race or color, the date of birth, the place of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the name of the person who shall become and within the month of such birth, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6 9 4 0 0 0 3 4 5

RETURN OF A BIRTH. 56705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 10th 1894

4. Place of Birth, (Street and Number) 1114 S. Charles St. Baltimore

5. Full Name of Mother, Em. Faude

6. Mother's Maiden Name, Em. Schmalbach

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, H. C. Faude

9. Father's Occupation, Confectionary Manufacturer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, _____ or other person who makes this Return.

Address, _____

Remarks, Mrs. Maggie A. Wilkerson

56705

RETURN OF A BIRTH. 56786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks.

6 9 4 0 0 0 3 4 5 7

RETURN OF A BIRTH. 56707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person who shall act for or as the same can be ascertained the full name of each child, (if any shall have been conferred) shall be delivered, duly signed by a physician or practitioner of medicine, or should no other person be in attendance upon the birth, immediately thereafter it shall be the duty of the person or persons so required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 1st June '94

4. Place of Birth, (Street and Number) 1414 Bruce St. Balt. City.

5. Full Name of Mother, Jamie Beatrice Booth

6. Mother's Maiden Name, Jamie Beatrice Wushette

7. Mother's Birthplace, Coldest Co.

8. Full Name of Father, William Booth

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Matilda Johnson

Address, 1408 Bruce Street.

Remarks, None.

1 8 9 4 0 0 0 3 4 5 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3 *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 3 4 5 9

and shall be delivered, duly signed by their Commissioner of Health. In case the birth of a person be in the third day of each and every month, the physician or practitioner of midwifery, or the person or persons by whom such birth shall occur without the attendance of a physician or practitioner of midwifery, shall become liable, within the period above required, to attend on the birth to the Commissioner of Health, and shall be liable, in addition to the penalties herein provided, to be recovered as other fines and forfeitures are recoverable, to the fine of ten [10] dollars in each offence.

When a child is born, the sex, color, and date of birth shall be ascertained, the full name of each child, if any, shall be given, and the child set forth as far as the same can be ascertained, the date of birth, the sex, color, and date of birth; and the said schedule shall be signed by the practitioner in attendance at the birth, or by the mother, if the child is born at home, and every month to the office of the Registrar of Vital Statistics, or should no practitioner be present, the mother, or the father, or the guardian of the child, shall be required to report the birth of the child to the office of the Registrar of Vital Statistics, and the provisions of this section shall be enforced with the provisions of other laws and ordinances which may be enacted, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name Added 4-5-57
Name: Eleanor Procter Tongue
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, June 1st 1894
 4. Place of Birth, (Street and Number) 1106 Lafayette Ave
 5. Full Name of Mother, Mary S. Tongue
 6. Mother's Maiden Name, Procter
 7. Mother's Birthplace, Baltimore City
 8. Full Name of Father, Noble L. Tongue
 9. Father's Occupation, Insurance Agent
 10. Father's Birthplace, D. A. Co. Md.
- Name of Medical Attendant, or other person who makes this Return, Harvey Hill M.D.
Address, 807 Washington Ave

Remarks, 18940003460

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

RETURN OF A BIRTH. 56711 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 1st 1904*

4. Place of Birth, (Street and Number) *414 N. Euter St*

5. Full Name of Mother, *Laura Viola Johnson*

6. Mother's Maiden Name, *Laura Viola Hanson*

7. Mother's Birthplace, *Cincinnati Ohio*

8. Full Name of Father, *William Joseph Johnson*

9. Father's Occupation, *Baggage Master*

10. Father's Birthplace, *Philadelphia*

Name of Medical Attendant, or other person who makes this Return, *J. B. Saunders M.D.*

Address, *879 E. Chase St*

Remarks, _____

1 8 9 4 0 0 0 3 4 6 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of the month following the month in which the birth occurred. It shall be the duty of the Registrar to see that this schedule shall be delivered, duly completed, to the office of the Commissioner of Health, Baltimore City, on or before the third day of each and every month. The Registrar shall be responsible for the accuracy of the information furnished, and shall be liable to report to the Board of Health, Baltimore City, in the manner and within the time prescribed by the Board of Health, Baltimore City, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born) the date of its birth, its sex, color, the full name and occupation of its parents, the date and place of its birth, and the date and place of its death, if it shall have died, and the date and place of its burial, if it shall have been buried. In case the birth of any child shall occur within the month of January, the physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter it shall become the duty of the person so attending, to report the birth of the child to the Commissioner of Health, and to file a copy of this report with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 1: 94
 4. Place of Birth, (Street and Number) Summerville Ave. Maryland
 5. Full Name of Mother, Mary Mc Lachlan
 6. Mother's Maiden Name, Lachlan
 7. Mother's Birthplace, Virginia
 8. Full Name of Father, Saml. Mc Lachlan
 9. Father's Occupation, Minister
 10. Father's Birthplace, Penn.
 Name of Medical Attendant, or other person who makes this Return, P. B. Williams
 Address, 1128 Cathedral St
 Remarks, _____

1 8 9 4 0 0 0 3 4 6 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)- 11/1

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, June 1 1874

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, Flannel gray

6. Mother's Maiden Name, Hanner # 1 # 1

7. Mother's Birthplace, North Muskegon, Mich.

8 Full Name of Father, Robert Gray

9. Father's Occupation..... *Cabman*

10. Father's Birthplace, Northumberland County

Name of Medical Attendant, or other person who makes this Return, Ramona Japer Watson

Address..... 124 West Hursey rd

bull 9 months

8 9 4 0 0 0 3 4 6 4

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56714

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 1st 1894
1801 W. Pratt St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mrs. Mary (Gudiszus) Slamukajtis

6. Mother's Maiden Name,

Miss Mary Gudiszus
Russia

7. Mother's Birthplace,

8. Full Name of Father,

Mr. John Slamukajtis
Tailor

9. Father's Occupation,

Russia

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Basil J. Shorb M.D.

Address,

9 So. Fulton Ave

Remarks,

8940003465

RETURN OF A BIRTH. 56 715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) /

1. Sex, (state whether male or female) Boys

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 1 1894

4. Place of Birth, (Street and Number) *St. Chapel st 122*

5. Full Name of Mother, Mary Chasish

6. Mother's Maiden Name, *Elizabeth*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *John*

8. Full Name of Father, Andrew Chavish
9. Father's Occupation, laborer

9. Father's Occupation, *Tabor*
0. Father's Birthplace, *Bohemia*
Name of Mother, *Bohemia*

Name of Medical Attendant, or other person who makes this Return. *W. H. Allen*
Address *W. H. Allen* *Kabon*

Address, *Chas. W. Knap's*
Washington

Remarks, *22 mm glos 205*

8 9 4 0 0 0 3 4 6 6

RETURN OF A BIRTH. 36/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) W. Hall

3. Date of Birth, June 1 1879

4. Place of Birth, (Street and Number) 2419 Monmouth St
St. Louis, Mo. Solomon

5. Full Name of Mother, Lizzie Salzman

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, ..

Remarks,

8 9 4 0 0 0 3 4 6 7

RETURN OF A BIRTH. 56717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 1894
4. Place of Birth, (Street and Number) 22 Dorset Alley
5. Full Name of Mother, Mary Evans
6. Mother's Maiden Name,
7. Mother's Birthplace, Wexham
8. Full Name of Father, John Evans
9. Father's Occupation, Carpenter
10. Father's Birthplace, Wexham

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 4 4 0 0 0 3 4 6 8

Health. This certificate shall contain a list of the children which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date of birth, the date of death, the sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month in which the child was born, and the date of death, if any, of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no parents of any child be known to report its birth to the commission, whether it shall become the duty of the person or persons of such sex and age as shall be designated by the commission to report the birth of such child, or of any other person or persons who shall hereafter fail to comply with the provisions of this article required, and who shall be liable to pay a fine of not less than ten (\$10) dollars for each offense, but such fine shall be recoverable, and may be recovered, only if the child so born is recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 2 1898
4. Place of Birth, (Street and Number) in the rear of No. 540 E. Redick
5. Full Name of Mother, Tina Machay
6. Mother's Maiden Name, Tina Bornmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernst Machay
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

0940003469

RETURN OF A BIRTH

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

~~8-4-40-0-0-1-470~~

[illegible]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be signed by the practitioner in the case of each child, if any shall have been born, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Vital Statistics, Baltimore City, on the first day of each and every month to the Registrar of Vital Statistics, Baltimore City, in case the birth of any child shall occur within the month. Immediately thereafter it shall become the duty of the person or persons in charge of the institution, hospital, or other place where the child is born, to report the birth to the Registrar of Vital Statistics, Baltimore City, in the manner and form provided for in the regulations of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56730 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, June 2 194

4. Place of Birth, (Street and Number) 1542 Washn St.

5. Full Name of Mother, Annie Stenson

6. Mother's Maiden Name, " Henry

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thos Stenson

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this return, Wm J. Watson

Address, 1519 Broadway

Remarks,

1 8 9 4 0 0 0 3 4 7 1

56721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2 1904.

4. Place of Birth, (Street and Number) 1923 W. Pratt St

5. Full Name of Mother, Maria Graham

6. Mother's Maiden Name, Maria Pugh
7. Mother's Birthplace, Georgia

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Graham

1) Father's Occupation *Machineist*

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Henry C. Price, M.D.
Address, 1203 N. 2nd

Address, _____
Remarks, _____

Remarks, Chief did have pain after birth
probably from apoplexy due to great labor -

Wm. J. C. Dolany Co., City Printers and Stationers.

RETURN OF A BIRTH. 56722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

8 9 4 0 0 0 3 4 7 3

This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be set forth as far as the same can be ascertained, the name of each child, if any shall have been conferred, the date of birth, the place of birth, the name of the practitioner in the place of birth; and the date of each birth, and every month to which the child shall occur without the attendance of a physician or midwife, or should no other person be called to report its birth, the mother, immediately thereafter, it shall become and within the provisions of this act, any such person or persons, who shall be required to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56723 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, June 2 1894 3. A.M.
- Place of Birth, (Street and Number) 192-1 Edmondson ave.
- Full Name of Mother, Mary T. Mackey
- Mother's Maiden Name, Mary T. Parsons
- Mother's Birthplace, Richmond Va.
- Full Name of Father, Thomas S. Mackey
- Father's Occupation, Commercial Agent.
- Father's Birthplace, Petersburg Va.
- Name of Medical Attendant, or other person who makes this Return, A. W. Sanford M.D.
- Address, 1136 W. Lexington
- Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 3 4 7 5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number).

5. *Full Name of Mother,*

6. Mother's Maiden Name,
7. Mother's Birthplace,

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 3 4 7 6

RETURN OF A BIRTH. 56726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eunice Brown ———— Harriet

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... June 3rd 1894
4. Place of Birth, (Street and Number)..... Jefferson St. Ward 7
5. Full Name of Mother,..... Freda A. Hart
6. Mother's Maiden Name,..... Rowley
7. Mother's Birthplace,..... Baltimore
8. Full Name of Father,..... Oliver B. Hart
9. Father's Occupation,..... Letter Carrier
10. Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, 114. Old York Road

Remarks, GIVEN BIRTH 1929 3-29-54 Navarley

1 8 9 4 0 0 0 3 4 7 7

RETURN OF A BIRTH. 56

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Mrs. M. M. M.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 3 4 7 8

RETURN OF A BIRTH. 56728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, its date and place of birth, the name of its parents, the name of the practitioner in the form of a certificate, and the date of its birth. In case the birth of any child shall occur on the first day of the month, the date of birth shall be the first day of the month. The physician or practitioner of midwifery, or should no other person be present, the mother, shall become the duty of the registrar to report the birth of each child to the office of the Registrar of Vital Statistics, Baltimore City, within the period above required, and shall cause the same to be entered in the register of births, and the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5. Child
Girl

1. Sex, (state whether male or female)

White Race

2. Race or Color, (if not of the white race)

Born June 3rd 1894

3. Date of Birth,

4. Place of Birth, (Street and Number)

318 Smallwood Str

5. Full Name of Mother,

Mrs Emma Eckert

6. Mother's Maiden Name,

Miss " Rutting

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

Julius Eckert

9. Father's Occupation,

Labor

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other person who makes this Return,

Mrs. Hiller

Address,

2127 W. Pratt Str

Remarks,

18940003479

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 3

4. Place of Birth, (Street and Number) 532 Tesser St

5. Full Name of Mother, Eliza V Barnes

6. Mother's Maiden Name, Eliza Smith

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles Barnes

9. Father's Occupation, Waiter

10. Father's Birthplace, Howard Ave

Name of Medical Attendant, or other person who makes this Return, Mary F. Smith

Address, 563 W. Orleans St

Remarks,

8 9 4 0 0 0 3 4 8 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, *1301 Valley Normal*

Remarks, 8940007-48

8 9 4 0 0 0 3 4 8

RETURN OF A BIRTH 56731

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, March 3, 94

4. Place of Birth, (Street and Number) S. E. Cor. Lafayette & Stucker Sts

5. Full Name of Mother, Belle Soper

6. Mother's Maiden Name, Ann Hough

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Elmer Soper

9. Father's Occupation, Foreman for Praction Co.

10. Father's Birthplace, Prince George Co Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Amos M. Goodman
772 W. Resington St

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18940007482

RETURN OF A BIRTH. 56732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 3d 1894
 4. Place of Birth, (Street and Number) 1802 Acquirish St.
 5. Full Name of Mother, Lizzie Corcoran
 6. Mother's Maiden Name, Lizzie Baker
 7. Mother's Birthplace, Balto. City
 8. Full Name of Father, Fred Corcoran
 9. Father's Occupation, Baker
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Chas. Shoemaker M.D.
 Address, 1802 Acquirish St.
 Remarks,

18940003483

month, and shall set forth as far as the facts which have occurred under his or her cognomen, as been conferred, his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended upon by a physician, he or she shall immediately thereafter, it shall become the duty of the person or persons, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered by other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb 27 1894*
4. Place of Birth, (Street and Number) *N. 1808 Hollbrook St. 94*
5. Full Name of Mother, *Elizabeth Williams*
6. Mother's Maiden Name, *John Williams*
7. Mother's Birthplace, *York, Pennsylvania*
8. Full Name of Father, *Howard Williams*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *York, Pennsylvania*
- Name of Medical Attendant, or other person who makes this Return, *J. W. Jones*
- Address, *41027 Hartford Ave*
- Remarks, *Baltimore Md*

1 8 9 4 0 0 0 3 4 8 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,--

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 3 4 8 5

Section 101.10, which states that "any child who is born, dies, or is adopted, or whose name is changed, shall be reported to the Department of Health and Human Services by the parent, guardian, or other person having custody of the child, within the time specified in the regulations of the Department." The regulations of the Department require that the birth certificate be filed with the Department of Health and Human Services within 15 days of the birth. The regulations also require that the birth certificate be filed with the Department of Health and Human Services within 15 days of the death of the child. The regulations also require that the birth certificate be filed with the Department of Health and Human Services within 15 days of the adoption of the child. The regulations also require that the birth certificate be filed with the Department of Health and Human Services within 15 days of the change of the child's name.

mother and said, with respect to the same can be ascertained the full name of each child, if any shall have been conferred its sex, colour, the full name and occupation of the father, the name of the mother, and the date when delivered, duly signed by the practitioner in the form of a certificate in three parts; and the third shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the mother, immediately thereafter, it shall be her duty to attend upon the mother, immediately thereafter it shall be her duty to attend to report its birth to the Commissioner of Health. In the manner and within the time herein provided, the mother shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be covered as other fines and forfeitures are recoverable.

RETURN ⁵⁻²⁵⁻⁶⁶ OF A BIRTH.

5-25-66

4 Child
Girl

White Race

Born June 3rd 1894

321 Forrest Str

Mrs. Gusta Heckelman

Miss " (Piskater)

Hessen. Bergmann

George Hackelman

Bremer

Hessen Ginsen

Mrs. Miller

#2127 W. Pratt Str

monthly, and shall set forth as far as the name can be ascertained, the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the intervention of a practitioner, the parent or parents of such child shall be liable to a fine of ten dollars for each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such parent or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940003487

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8.9 4 0 0 0 3 4.8.8

any person who, in connection with a list of the births which have occurred under this Act, during the month, and which is so far as the same can be ascertained, the full name, date and place of birth; and the sex, colour, the full name and occupation, of the person or persons, in the form of a certificate bearing the signature of the Registrar-General, or of the Commissioner of Health, in case the person or persons in the certificate shall be delivered, duly signed by the Registrar-General, or of the Commissioner of Health, in the third day of each and every month to a physician or practitioner of midwifery, of the person or persons of such age as shall occur without the attendance upon the birth to be made, and within the period above required, and shall occur upon the birth to the Commissioner of Health to comply with the provisions of this section shall be liable to a fine of ten (£10) dollars for each offence, to be recovered on other fines and forfeitures are recoverable, except to the fine of ten (£10) dollars for each offence.

RETURN OF A BIRTH. 56738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female ~~Male~~

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 4

4. Place of Birth, (Street and Number) 708 William St in the rear

5. Full Name of Mother, Maggie Abbott

6. Mother's Maiden Name, Maggie Booth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Abbott

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ann Taylor

Address, 415 Gilford Alley

Remarks, _____

18940003489

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name, but occupation and age of the mother, and the full name and age of each child, and shall be in the form of a certificate between the first and third of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present, and of the child to report its birth to the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5. Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born June 4th 1894

4. Place of Birth, (Street and Number)

403 Smallwood Str

5. Full Name of Mother,

Mrs. Olla Ball

6. Mother's Maiden Name,

Miss " Schenfele

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

George Ball

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other person who makes this Return,

Mrs. Miller

Address,

2127 W. Pratt St.

Remarks,

18940003490

been conferred) to see that as far as possible the name of the child, the full name of each child, any shall have said certificate shall be duly signed by the practitioner or the practitioner of Health, a certificate between the first and the day of each and every month, and the day of the birth of the child, the birth of any child shall attend upon the attendance of a physician, immediately thereafter, and become the duty of the person or child to report its birth to the Commissioner of Health, in the manner and within the period above required, such person or persons who shall fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56740

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th June 1894

4. Place of Birth, (Street and Number) #2330 Canton Ave

5. Full Name of Mother, Olivia Cotton

6. Mother's Maiden Name, Olivia Hills

7. Mother's Birthplace, Dorchester County Md.

8. Full Name of Father, Henry Cotton

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, #615 S. Patterson Ave

Remarks,

18940003491

RETURN OF A BIRTH. 56741
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male
1. Sex, (state whether male or female) W.
2. Race or Color, (if not of the white race)
3. Date of Birth June 4 1904
4. Place of Birth, (Street and Number) 137 1/2 Chester St.
5. Full Name of Mother, Agnes Estrude Moran
6. Mother's Maiden Name, " Bodori
7. Mother's Birthplace, Penna
8. Full Name of Father, Wm J. Moran
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balls Bluffs
Name of Medical Attendant, or other person who makes this Return, Wm J. Watson
Address, 1519 N. Broadway
Remarks, 8940003492

RETURN OF A BIRTH 56942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8-9 4 U 0 0 3 4 9 3

Health. This card shall contain a list of the births which have occurred under his or her care during the month, and shall be set forth in the following order: First, the date and place of birth; and the sex, race or color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or parents of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 4th 1904

4. Place of Birth, (Street and Number)

No 1902 McElroy St

5. Full Name of Mother,

Antonia Necker

6. Mother's Maiden Name,

Hall

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fred. Necker

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Wm. L. Gross

Address,

No 1907

8 Monument St

Remarks,

8940003494

RETURN OF A BIRTH. 56744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 7 4 0 0 3 4 9 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks.

Births. This section shall contain a list of the births which have occurred under this act heretofore during the month, and shall set forth as far as the name can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place where the child was delivered, fully signed and attested by a duly qualified certificate between the first and third of each month, and on or before the Commission of Health, and the date of the birth certificate. No fee shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to appear before the Commission of Health, and to pay the fee thereon, and to sign the certificate required, and if any such person or persons who shall heretofore fail to comply with the provisions of this section are convicted, and fined to the sum of ten (\$10) dollars, they shall, in addition, be liable to a fine of not less than one dollar, and forfeited are recoverable.

8 9 4 0 0 0 3 4 9 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 3

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. Date of Birth, June 14 1894

4. *Place of Birth, (Street and Number)* 11. 80

5. Full Name of Mother, M. L. [unclear]

6. Mother's Maiden Name, Mal.

7. Mother's Birthplace, ----- Cal
Mi

8. Full Name of Father, W. J. ...

9. Father's Occupation.....

10. Father's Birthplace, do
 or other

Name of Medical Attendant, or other person who makes this Return *+* *L*

Address, 124 West St.

Address, 10 4
Remarks, full 9

8 9 4 0 0 0 3 4 9 7

[illegible]

This schedule shall contain a list of the births which have occurred under this or her care during the month, and shall set forth as far as the facts can be ascertained, the full name of each child, if any, the sex, color, the date and place of birth, and the day of each delivery, the name of the practitioner in the case, and the name of the person or persons who shall occur upon the mother, immediately thereafter, in the manner and duty of the person or persons of such child, and the name of the person or persons who shall be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th June

4. Place of Birth, (Street and Number) 2588 South Ave

5. Full Name of Mother, Lizzie Sears

6. Mother's Maiden Name, Albers

7. Mother's Birthplace, Baltus

8. Full Name of Father, Liam Sears

9. Father's Occupation, Knapsack

10. Father's Birthplace, Balta (Mrs. G. Weiss)

Name of Medical Attendant, or other person who makes this Return, 2522 East Ave

Address, East Ave

Remarks, Examination

8440003499

RETURN OF A BIRTH. 567
ce of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) —

2. Race or Color, (if not of the white race)-

3. Date of Birth,

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 5 5 0 0

Quesada

1

Wm. J. C. Dulany Co., City Printers and Stationers.

of Mother, (state whether 1st, 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211th, 212th, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311th, 312th, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411th, 412th, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 442nd, 443rd, 444th, 445th, 446th, 447th, 448th, 449th, 450th, 451st, 452nd, 453rd, 454th, 455th, 456th, 457th, 458th, 459th, 460th, 461st, 462nd, 463rd, 464th, 465th, 466th, 467th, 468th, 469th, 470th, 471st, 472nd, 473rd, 474th, 475th, 476th, 477th, 478th, 479th, 480th, 481st, 482nd, 483rd, 484th, 485th, 486th, 487th, 488th, 489th, 490th, 491st, 492nd, 493rd, 494th, 495th, 496th, 497th, 498th, 499th, 500th, 501st, 502nd, 503rd, 504th, 505th, 506th, 507th, 508th, 509th, 510th, 511th, 512th, 513th, 514th, 515th, 516th, 517th, 518th, 519th, 520th, 521st, 522nd, 523rd, 524th, 525th, 526th, 527th, 528th, 529th, 530th, 531st, 532nd, 533rd, 534th, 535th, 536th, 537th, 538th, 539th, 540th, 541st, 542nd, 543rd, 544th, 545th, 546th, 547th, 548th, 549th, 550th, 551st, 552nd, 553rd, 554th, 555th, 556th, 557th, 558th, 559th, 560th, 561st, 562nd, 563rd, 564th, 565th, 566th, 567th, 568th, 569th, 570th, 571st, 572nd, 573rd, 574th, 575th, 576th, 577th, 578th, 579th, 580th, 581st, 582nd, 583rd, 584th, 585th, 586th, 587th, 588th, 589th, 590th, 591st, 592nd, 593rd, 594th, 595th, 596th, 597th, 598th, 599th, 600th, 601st, 602nd, 603rd, 604th, 605th, 606th, 607th, 608th, 609th, 610th, 611th, 612th, 613th, 614th, 615th, 616th, 617th, 618th, 619th, 620th, 621st, 622nd, 623rd, 624th, 625th, 626th, 627th, 628th, 629th, 630th, 631st, 632nd, 633rd, 634th, 635th, 636th, 637th, 638th, 639th, 640th, 641st, 642nd, 643rd, 644th, 645th, 646th, 647th, 648th, 649th, 650th, 651st, 652nd, 653rd, 654th, 655th, 656th, 657th, 658th, 659th, 660th, 661st, 662nd, 663rd, 664th, 665th, 666th, 667th, 668th, 669th, 670th, 671st, 672nd, 673rd, 674th, 675th, 676th, 677th, 678th, 679th, 680th, 681st, 682nd, 683rd, 684th, 685th, 686th, 687th, 688th, 689th, 690th, 691st, 692nd, 693rd, 694th, 695th, 696th, 697th, 698th, 699th, 7

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The 5 of June 18/

18 10356 Miller 84

Carissa Gordon

Barbara M. Her.

23 April 1971

Hydrogen Peroxide

David

4 Baltimore

2/4 10.

[illegible]

1657 Harford Co.

01 Ballerup H. d.

City

length, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its father, the date of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the day of each such birth and every month to the office of the Commissioner of Health. In case the birth of any child shall be attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person or persons of such child forego its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, June 5. 94

4. Place of Birth, (Street and Number) 128 Ashtland Ave.

5. Full Name of Mother, Mrs. Carrie Lee Hopper Boggs

6. Mother's Maiden Name, Mrs. " " Hopper

7. Mother's Birthplace, Baltimore, Md.

8. Name of Father, Chas. Felix Boggs

9. Father's Occupation, Engineer

10. Father's Birthplace, St. Marys, St. Genevieve Co. Missouri

Name of Medical Attendant, or other person who makes this Return, Chas. E. Hunt M.D.

Address, 1000 E. B. St.

Remarks, For natural delivery

18940003502

RETURN OF A BIRTH. 56752

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race)—

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)-

5. Full Name of Mother, -

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person making this Return.

Address.

Remarks. + 8 9 4 0 0 0 3 5 0 4

[illegible]

56753

more City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1, 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White Child

3. Date of Birth, 5th June 1894

4. Place of Birth, (Street and Number) No. 1803 Dallas St.

5. Full Name of Mother, Caroline P. Pratt

6. Mother's Maiden Name, Caroline P. Pratt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Albert L. Pratt

9. Father's Occupation, Editor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs. M. Foster
or other person who makes this Return.

Address, 1600 East Lanvale St

Remarks,

18940003505

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

8 9 4 0 0 0 3 5 0 6

RETURN OF A BIRTH. 56 1/55.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date of birth, the sex, the color, the full name and occupation of its mother, and the name and color of the father, and the date of marriage, and the date of birth of the child, and the date of the first day of each and every month to which the child shall be delivered, duly signed by the physician or practitioner of midwifery, or by the person or persons who shall occur without the attendance upon the child, and immediately thereafter it shall become the duty of the person or persons who shall occur without the attendance upon the child to deliver the same to the Commissioner of Health, and within the period above required, and to file the same in the office of the Commissioner of Health, and to comply with the provisions of this section which are made applicable to the person or persons who shall occur without the attendance upon the child, and to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8440003507

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, of any child have been born, and its sex, color, the full name and occupation of the parents, the date and place of birth; and the date of each and every marriage, duly signed by the officiating minister in the form of a certificate, which shall be filed in the office of the Commissioner of Health, and the birth of any child shall occur without the name of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period or periods of such attendance, as provided by law, and in the manner and within the period or periods of such attendance, shall be submitted to the Commissioner of Health, and if any such person or persons who are required to be submitted to the Commissioner of Health, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 children
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, 6th June 1894
 4. Place of Birth, (Street and Number) 1619 W. Dallas Street
 5. Full Name of Mother, Lussey Green
 6. Mother's Maiden Name, Lussey Galley
 7. Mother's Birthplace, Eastern Shore Maryland
 8. Full Name of Father, John A. Green
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Baltimore Maryland
 Name of Medical Attendant, or other person who makes this Return, Caroline Patterson
 Address, 419 Lewis Street
 Remarks, Doing well as can be expected
18940003508

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex, (state whether male or female)...

Henriette

2. Race or Color, (if not of the white race)

Colorente

3. *Date of Birth,*

6. of 1894

4. Place of Birth, (Street and Number).

1113 Achy. Alcy.

5. Full Name of Mother,

Lizzie J. Son
Lizzie J. Son

6. *Mother's Maiden Name,*

Lizzie Webb

7. *Mother's Birthplace,*

Baltimore

8. Full Name of Father.

Charles Johnson

9. *Father's Occupation*

Leaves

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Caroline Paterson

Address,--

419 Lewis Street

Remarks.

Having well

1 8 9 4 0 0 0 3 5 0 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of any month, the practitioner shall deliver the certificate to the office of the Commissioner of Health upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth, ...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother, ...

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

8. Full Name of Father, ...

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other person who makes this Return, ...

Address, ...

Remarks, ...

1 8 9 4 0 0 0 3 5 1 0

RETURN OF A BIRTH. 56760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 6 1894

4. Place of Birth, (Street and Number) Baltimore City

5. Full Name of Mother, Hannah Perlin

6. Mother's Maiden Name, Hermann Loren

7. Mother's Birthplace, Austria

8. Full Name of Father, James H. Harding

9. Father's Occupation, labor

10. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other person who makes this Return, Dr. Amelia Allen

Address, 1407 Dickerson St

Remarks, duty

8940003512

RETURN OF A BIRTH 56761 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)- *First*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *June 6, 1894*

4. Place of Birth, (Street and Number) *219 N. Schwedler St.*

5. Full Name of Mother, *Minnie Peters*

6. Mother's Maiden Name, *Benson*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Albert Peters*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this return.

Address, *R. P. Morse M.D.*
916 Edenwaldson Ave.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 3 5 1 4

the child, its sex, color, and whether it is a male or female, the date and place of birth; and the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur on the first day of the month, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, June 7-1894

4. Place of Birth, (Street and Number) 1530 N. Barrington St.

5. Full Name of Mother, Emma J. McNeely-

6. Mother's Maiden Name, Ellis

7. Mother's Birthplace, Williamsport Pa

8. Full Name of Father, James P. McNeely-

9. Father's Occupation, Policeman

10. Father's Birthplace, Baltimore Tenn

Name of Medical Attendant, (or other person who makes this return) Geo F. Taylor, M.D.

Address, 1254 N. Barrington

Remarks,

18940003515

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the last day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of any month, the practitioner shall deliver the said certificate to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 7th 94.

4. Place of Birth, (Street and Number)

906 S. Charles St.

5. Full Name of Mother,

Lizzie Ehrlich

6. Mother's Maiden Name,

Frieda Stern

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Salomon Ehrlich

9. Father's Occupation,

Traveling Salesman

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return.

Henry C. Ohee, M.D.

Address,

1203 West Myerth St.

Remarks,

18940003516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)..

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

8 9 4 0 0 0 3 5 1 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 1900

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother,

6. *Mother's Maiden Name*, ...

7. Mother's Birthplace, Albany, New York

8. Full Name of Father, James M. Smith

9. Father's Occupation _____

10. *Father's Birthplace*, _____

Name of Medical Attendant, or other person who makes this Return, James M. [Signature]

Address,

Remarks,

[illegible]

RETURN OF A BIRTH. 56767
 of Registrar of Vital Statistics, Board of Health, Baltimore City.
 her. (state whether)

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth.....

2. Race or Color, (if not of the white race)
3. Date of Birth

3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____
5. Full Name of _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

Mother's Maiden Name, 17/24

Mother's Birthplace,

Full Name of Father, James M. Smith

Father's Occupation, 12-11-11

Father's Birthplace,

Name of Medical Attendant, or other person

Address, _____ or other person who makes this Return.

Remarks, _____

[illegible]

RETURN OF A BIRTH. 5768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female) *a female*

2. Race or Color, (if not of the white race) *white child*

3. Date of Birth, *8th day of June 1894*

4. Place of Birth, (Street and Number) *No 1601 East Townsend st*

5. Full Name of Mother, *Josephine Pigning*

6. Mother's Maiden Name, *Josephine Luber*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank G. Pigning*

9. Father's Occupation, *Builder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs M. Bester*

Address, *1600 East Larrale st.*

Remarks,

8 9 4 0 0 0 3 5 2 0

RETURN OF A BIRTH, 36769

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 8th of June 1894

4. Place of Birth, (Street and Number) 1105 E Gay St

5. Full Name of Mother Mary Eliza

6. Mother's Maiden Name Hitchcock

7. Mother's Birthplace Baltimore Maryland

8. Full Name of Father Henry E. Elan

9. Father's Occupation Cigar Manufacturer

10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. L. L. Latham

Address # 1049 E Gay St Balto Md

Remarks

1 8 9 4 0 0 0 3 5 2 1

That any physician, accountant, midwife, or other person in charge, who shall neglect, refuse, or delay to furnish the information required by this act, shall be deemed guilty of a misdemeanor, and shall be liable to a fine of not more than \$100, or to imprisonment for not more than six months, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH. 56770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 3 5 2 2

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)...

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 3 3 5 2 3

[illegible]

RETURN OF A BIRTH. 56772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 3 5 2 4

Health. This schedule shall contain a list of the births which have occurred under this plan during the preceding calendar month, and shall set forth as far as the name can be ascertained, the names of the parents, the date and place of birth, and the sex conferred. It shall, every month, the full name of the practitioner in the form of a certificate between the first and second schedule shall be given to the Commissioner of Health. In case no other person be in attendance upon the mother, the physician or practitioner shall become the duty of the parent or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and in case of any person or persons who shall heretofore fail to comply with the provisions and forfeitures are recoverable, not to exceed the sum of ten (\$10) dollars for each offence, to be recovered as usual fines and forfeitures are recoverable, except to the fine of ten (\$10) dollars for each offence, to be recovered as usual fines and forfeitures are recoverable.

RETURN OF A BIRTH 56 773

GIVEN NAME ADDED 7-20-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Wilmer Alles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 8. 94

4. Place of Birth, (Street and Number) 218 N. Madira St

5. Full Name of Mother, Louisa Alles

6. Mother's Maiden Name, Louisa Meyer

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Alles

9. Father's Occupation, Lif Insurance Agent

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, W. C. Sandrock

Address, 1242 N. Broadway.

Remarks,

1 8 9 4 0 0 3 5 2 5

Health. This certificate shall contain a true and correct statement of the facts stated above, and shall be signed by the Registrar of Vital Statistics, or by a duly authorized agent, and shall be filed in the office of the Registrar of Vital Statistics, and a copy thereof shall be sent to the proper authorities. The Registrar of Vital Statistics shall be responsible for the accuracy of the information furnished, and shall be liable for any such perjury as may be committed by him or any other person who makes this Return.

RETURN OF A BIRTH. 56774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 8th
4. Place of Birth, (Street and Number) 844 So. Eutam St
5. Full Name of Mother, Mary Tolson
6. Mother's Maiden Name, Mary Prior
7. Mother's Birthplace, Westford, Va
8. Full Name of Father, Thomas J. Tolson
9. Father's Occupation, Tailor
10. Father's Birthplace, Westford, Va
- Name of Medical Attendant, or other person who makes this Return, Lewis Handford
- Address, 136 York St
- Remarks,

18940003526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 94
4. Place of Birth, (Street and Number) 877 Columbia Ave.
5. Full Name of Mother, Minnie W. Gildea
6. Mother's Maiden Name, Minnie W. Bury
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Frank Gildea
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, Henry C. Oke, M.D.
or other person who makes this Return.
- Address, 1703 W. Fayette St.
- Remarks, _____
- 8940003527

56776

[illegible]

4 -

226

W

June 9 1844

27. E^o 21-H

Leavenworth, Mo. Ind

Bushnell

120

Gov. L. Ford -

Theater Manager —

D. C.

Erving Heller

or other person who
makes this Return

1207 E. T. Lumsden

1 8 9 4 0 0 0 3 5 2 8

RETURN OF A BIRTH. 567
 CERTIFICATE CORRECTED 8-16-60
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Myrtle Anna Maria Speter
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female).

Femile

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

Friday June 8th 1894

4. *Place of Birth, (Street and Number)*

No 1604 Marshall ave

5. Full Name of Mother:

Lizzie Steitz

6. *Mother's Maiden Name,*

Gizzi Cabellman

7. *Mother's Birthplace.*

Baltimore

8. *Full Name of Father,*

Anton Fleitz

9. Father's Occupation

Salomon

10. *Father's Birthplace.*

Germany

Name of Medical Attendant, or other person who makes this Return.

Katherine Hornum.

Address.

No 1511 Byrd St. City

Remarks.

8 9 4 0 0 0 3 5 2 9

RETURN OF A BIRTH. 56778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, No 1713 E Monument St

4. Place of Birth, (Street and Number) June 9th 1894

5. Full Name of Mother, Annie Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace, Pappahansock Va.

8. Full Name of Father, William Brown

9. Father's Occupation, Laborer

10. Father's Birthplace, Pappahansock Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. Fannie Myers

Address, No 713 E Monument St. City C

Remarks,

8940003530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940003532

RETURN OF A BIRTH. 56781
e of Registrar of Vital Statistics, Board of Health

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 1894
4. Place of Birth, (Street and Number) 601 Oxford Ave.
5. Full Name of Mother, Annie P. McAliff
6. Mother's Maiden Name, A. P. Maguire
7. Mother's Birthplace, D.C.
8. Full Name of Father, Charles H. McAliff
9. Father's Occupation, Printer
10. Father's Birthplace, North-Carolina
- Name of Medical Attendant, or other person who makes this Return, P. H. Galloway M.D.
- Address, 318 E. Lenoire St
- Remarks,

[illegible]

8 9 4 0 0 0 3 5 3 3

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained, the name of each child, if any, shall have been conferred by sex, color, date and place of birth; and the occupation of its parents, the date and place of birth; and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. No fee shall be paid by the mother or any other person for the attendance upon the mother, immediately after or within the period above required, and no child to report if the mother or any other person who shall hereafter fail to comply with the provisions of this section, situated, and subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, 11 of the white race)

3. Date of Birth, June 10th 1894

4. Place of Birth, (Street and Number) 913 Madison Ave

5. Full Name of Mother, Mary Gease Peckton

6. Mother's Maiden Name, Gayley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mrs Thornton Peckton, Baby's name Mrs Francis Peckton

9. Father's Occupation, Produce dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elmer Price M.D.

Address, 953 Madison Ave

Remarks, _____

1 8 9 4 0 0 0 3 5 3 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the child is born, to the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or father of such child shall report its birth to the Registrar of Vital Statistics, Baltimore City, in the manner and within the period above required, and be liable to a fine of ten dollars for each offence, to be recovered in other areas and forfeitures are recoverable.

RETURN OF A BIRTH. 56783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

June 10th 1894

4. Place of Birth, (Street and Number)

632 Jasper St

5. Full Name of Mother,

Annie Cheres

6. Mother's Maiden Name,

Cheres

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward H. Parker

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Miss Lane

Address,

632 Jasper St.

Remarks,

18940003535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 3 5 3 6

[illegible]

RETURN OF A BIRTH. 56785-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. Child
 1. Sex, (state whether male or female) Girl
 2. Race or Color, (if not of the white race) White Race
 3. Date of Birth, Born June 10th 1894
 4. Place of Birth, (Street and Number) #2121 Mary Ann St
 5. Full Name of Mother, Mrs. Emma Hank
 6. Mother's Maiden Name, Miss. " Henn
 7. Mother's Birthplace, Balto City
 8. Full Name of Father, Joseph. A. Hank
 9. Father's Occupation, Painter
 10. Father's Birthplace, Bayern Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Miller
 Address, #2127 W. Pratt St
 Remarks,

18940003537

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the person who attended at the birth, and the date and place of birth; and the said schedule shall be delivered forth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person or persons attending at the birth shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred in each ward or district during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth of each child, and the date and time of its birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother, immediately thereafter, shall become the duty of the person be in charge of the health, in the manner and within the period above required, to report to the health officer, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *10 of June 1894*
4. Place of Birth, (Street and Number) *171 N. Front St.*
5. Full Name of Mother, *Vestila L. Toppa Brown*
6. Mother's Maiden Name, *Holtzman*
7. Mother's Birthplace, *in Washington D.C.*
8. Full Name of Father, *Ricard Mason Brown*
9. Father's Occupation, *Maritime Mechanist*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Glinder M.D.*
- Address, *143 N. Front St.*
- Remarks,

18940003539

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of said births, and shall enter the same on the schedule provided for that purpose, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have taken place during the month, and shall set forth as far as possible the name of the mother, the name of the father, the sex, color, the full name of the child, the date and place of birth, and the day of each delivery, the name of the physician or practitioner of midwifery, or other person who attended the birth, and the name of the medical attendant. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or other person, the birth of any child shall occur upon the mother, immediately thereafter, and within the period above required, the medical attendant shall be in any such person or persons, and shall be liable to the Commissioner of Health, in the event of failure to comply with the provisions of this section, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56/88 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June the 10th 1898

4. Place of Birth, (Street and Number) 1222 N. E. Eldersy st.

5. Full Name of Mother, Estor Feldman

6. Mother's Maiden Name, Estor Beerman

7. Mother's Birthplace, Europe

8. Full Name of Father, J. Feldman

9. Father's Occupation, Pastor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, M. E. Egan

Address, 1222 N. E. Eldersy st.

Remarks, 14 99

18940003540

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the third day of each and every month to the official, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be fined to the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth, June 18, 1889

4. Place of Birth, (Street and Number) Whatcoat street 13-58

5. Full Name of Mother, Maggie Green 17 years of age

6. Mother's Maiden Name, Maggie Dorsey

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, James G. Dorsey 22 years of age

9. Father's Occupation, Laborer

10. Father's Birthplace, Calvert County Md

Name of Medical Attendant, or other person who makes this Return, Maggie Dorsey

Address, 1889 Calvert Street

Remarks, full birth child

18940003541

RETURN OF A BIRTH. 56816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 14/94

4. Place of Birth, (Street and Number)

302 E Lafayette Ave

5. Full Name of Mother,

Clara M Gorman

6. Mother's Maiden Name,

" " Gansor

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Howard J Gorman

9. Father's Occupation,

Commercial Traveller

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Thomas Opie M.D.

Address,

219 W. Monument St

Remarks,

18940003542

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth of the child to the Registrar of Health, in the manner and within the period above required, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940003543

RETURN OF A BIRTH

56812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

to be made and the mother, husband or person who becomes the date of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June. 14. 1894.

4. Place of Birth, (Street and Number)

No. 510. W. Lee St.

5. Full Name of Mother,

Miss Allie Archer.

6. Mother's Maiden Name,

" Allie Archer.

7. Mother's Birthplace,

Harford County, Md.

8. Full Name of Father,

John Kelly.

9. Father's Occupation,

Cigar maker.

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return.

A. F. Volkman M.D.

Address,

No. 620. S. Eutan St.

Remarks,

1 8 9 4 0 0 3 5 4 4

RETURN OF A BIRTH. 56813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period of ten days thereafter, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 14th 94* *110 N. Gilmore St*
 4. Place of Birth, (Street and Number) *" " "*
 5. Full Name of Mother, *Viola L. Amisden*
 6. Mother's Maiden Name, *" Munderoff*
 7. Mother's Birthplace, *Baltimore, Md*
 8. Full Name of Father, *Frederick T. Amisden*
 9. Father's Occupation, *Printer*
 10. Father's Birthplace, *New Hampshire*
 Name of Medical Attendant, (or other person who makes this Return) *Addison L. Fox, M.D.*
 Address, *1205 West Fayette St*
 Remarks, _____

18940603545

attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if any such person or persons shall fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, June 14th 1894
 4. Place of Birth, (Street and Number) 1214 Foster St
 5. Full Name of Mother, Elizabeth McCreel
 6. Mother's Maiden Name, Brown, then widow Brown
 7. Mother's Birthplace, Free Union, Albemarle Co Va
 8. Full Name of Father, Robert McCreel
 9. Father's Occupation, Steward at a Club in New York City
 10. Father's Birthplace, St Louis, Mo
- Name of Medical Attendant, or other person who makes this Return, Elias C Price M.D.
- Address, 963 Madison Ave
- Remarks, -

18940003546

RETURN OF A BIRTH, 56815

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Margaret Hearn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 14th 1894

4. Place of Birth, (Street and Number)

1133 N. Carrollton Ave

5. Full Name of Mother

Addie Florence Hearn

6. Mother's Maiden Name

Addie Florence Satchell

7. Mother's Birthplace

Maryland

8. Full Name of Father

Isaac N. Hearn

9. Father's Occupation

Railroad Signal agent

10. Mother's Birthplace

Delaware

Name of Medical Attendant,

or other Person who makes this Return

Amanda J. Norris, M.D.

Address

871 Harlem Ave

Remarks

GIVEN NAME ADDED 4-24-53

h.m.

18940003547

RETURN OF A BIRTH To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

14 Child
Male
White

14 June 1894

1115 Stoken St
Lizzie mequal
Lizzie Smith
bair county
Benen mequal
carptien
bair county

Ms Donley
1635 Walsh St
Mon

18940003548

RETURN OF A BIRTH

56817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

Irish

3. Date of Birth,

June 14 - 1894

4. Place of Birth (Street and Number),

10 E Hamilton St

5. Full Name of Mother,

Maggie Murphy

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

M. J. Murphy

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Edwin K Ballard M.D.

Address,

855 Park Ave

Remarks,

1 8 9 4 0 0 0 3 5 4 9

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)..... ^{White} 15'

3. Date of Birth, June 10 1878 Boyle P.

4. Place of Birth, (Street and Number) 1318 1st St
W. Leipzig

5. Full Name of Mother, *Mary Wilson*
Sahm

6. Mother's Maiden Name, Baker

7. Mother's Birthplace, John Garslow

8. Full Name of Father, Labrin

9. Father's Occupation Baltimore City

0. Father's Birthplace, _____ or other person who
_____ Attendant, _____ Return _____

Rosa G.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Remains first 8/44 000 37550

[illegible]

RETURN OF A BIRTH.

56819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10. Child

2. Sex, (state whether male or female)

Boy

3. Race or Color, (if not of the white race)

White Race

4. Date of Birth,

Born June 13th 1894

5. Place of Birth, (Street and Number)

95

Wilkins Str

6. Full Name of Mother,

Mrs. Heinricha Lorch

7. Mother's Maiden Name,

Moiss " Hofman

8. Mother's Birthplace,

Balto City

9. Full Name of Father,

Charles Lorch

10. Father's Occupation,

Cabinet Maker

11. Father's Birthplace,

Balto City

Name of Medical Attendant, or other person who makes this return.

Mrs. Miller

Address,

2127 W. Pratt St

Remarks,

8940003551

RETURN OF A BIRTH.

56830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, June 15- 1894

4. Place of Birth, (Street and Number), 1731 E. Eager St.

5. Full Name of Mother, Maggie Young

6. Mother's Maiden Name, Clocker

7. Mother's Birthplace, Baltimore City-

8. Full Name of Father, Arthur Young Jr.

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore City-

Name of Medical Attendant, or other person who makes the return Geo. F. Taylor M.D.

Address, 1254 N. Broadway

Remarks,

18940003552

any such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 15th 94.

4. Place of Birth, (Street and Number)

1715 Roman St.

5. Full Name of Mother,

Annie B. Adams

6. Mother's Maiden Name,

Annie B. Hills

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

George T. Adams

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return.

Henry C. Cheever

Address,

1703 N. Fayette St.

Remarks,

18940003553

RETURN OF A BIRTH. 56822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 15 1894

4. Place of Birth, (Street and Number)

578 Union St

5. Full Name of Mother,

Sedonia Dandy

6. Mother's Maiden Name,

Sedonia Dandy

7. Mother's Birthplace,

Easton Shore MD

8. Full Name of Father,

Charles Dandy

9. Father's Occupation

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary Ann Mason

Address,

537 Walnut St

Remarks,

Baltimore MD

1 8 9 4 0 0 0 3 5 5 4

RETURN OF A BIRTH. 56823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 15th 1894
 4. Place of Birth, (Street and Number) 1320 Wilcox St.
 5. Full Name of Mother, Fannie Thicke
 6. Mother's Maiden Name, Fannie Reiley
 7. Mother's Birthplace, Washington D.C.
 8. Full Name of Father, William C. Thicke
 9. Father's Occupation, Painter
 10. Father's Birthplace, Baltimore Ind.
 Name of Medical Attendant, or other person who makes this Return, A. G. Watson
 Address, 1307 N. Central Ave.
 Remarks, _____

1 8 9 4 0 0 0 3 5 5 5

RETURN OF A BIRTH.

56824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White Race.

3. Date of Birth.

June 15th 1898

4. Place of Birth, (Street and Number)

#1028. Cross St. Baltimore, Md.

5. Full Name of Mother,

Mary J. Baker.

6. Mother's Maiden Name,

Mary J. Pritchett.

7. Mother's Birthplace,

Middle Sex, Va.

8. Full Name of Father,

Harry D. Baker.

9. Father's Occupation,

Painter

10. Father's Birthplace,

Hannover, Pa.

Name of Medical Attendant, or other person who makes this return.

Susan Hunter

Address,

231 P. Payroll St.

Remarks,

18940003556

Place for the signature of the Registrar of Vital Statistics, Baltimore City, and for the signature of the Medical Attendant, or other person who makes this return.

RETURN OF A BIRTH. 56825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d Child

Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth, June 15/14

4. Place of Birth, (Street and Number) 35 Little Front Street

5. Full Name of Mother, Sara Remick

6. Mother's Maiden Name, Sara Remick

7. Mother's Birthplace, Russia

8. Full Name of Father, Mike Remick

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return,

Mrs. Anna Barber

Address,

441 E. York Street, Balt.

Remarks,

8940003557

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
- Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White -
3. Date of Birth, June 15th - 1894 -
4. Place of Birth, (Street and Number) 618 W. Carey St.
5. Full Name of Mother, Mary H. Price -
6. Mother's Maiden Name, Whelan -
7. Mother's Birthplace, Harford Co. Md.
8. Full Name of Father, Stevenson A. Price -
9. Father's Occupation, Clerk -
10. Father's Birthplace, Harford Co. Md.
- Name of Medical Attendant, or other person who makes this Return, R. H. Gorman, M.D.
- Address,
- Remarks,

1 8 9 4 0 0 0 3 5 5 8

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

16 June 1894

4. Place of Birth, (Street and Number)

805 W. Fremont Ave.

5. Full Name of Mother,

Minnie A. C. Duwoeck,

6. Mother's Maiden Name,

Spillman,

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Wm E. Duwoeck,

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other person who makes this Return.

J. J. Doyle M.D.
1007 W. Lawrence St.

Address,

Remarks,

1 8 9 4 0 0 0 3 5 5 9

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

56820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
- Sex, (state whether male ~~or female~~) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 16th 1894*
4. Place of Birth, (Street and Number) *406 Burns Court*
5. Full Name of Mother, *Mrs. Mary C. Albright*
6. Mother's Maiden Name, *Miss Mary C. Longland*
7. Mother's Birthplace, *Balt. City*
8. Full Name of Father, *Mr. Ernest Albright*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return. *Basil J. Short M.D.*
- Address, *9 S. Fulton Ave.*
- Remarks, *A long & tedious labor. Parturition Placenta previa. Afterbirth expelled but could not deliver; therefore completed labor by medical means.*

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

Sex, (state whether male or female)

Female
W

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 16th 1894

4. Place of Birth, (Street and Number)

1302 N Spring St

5. Full Name of Mother,

Katie Frey

6. Mother's Maiden Name,

Young

7. Mother's Birthplace,

Philadelphia Pa

8. Full Name of Father,

August M Frey

9. Father's Occupation,

Plumber & Turner

10. Father's Birthplace,

Penn

Name of Medical Attendant, or other person who makes this Return.

Re Daus Md

Address,

1507 N Caroline St

Remarks,

18940003561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address, 1331

Remarks,

8940003562

RETURN OF A BIRTH.

56831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and is liable to be and is liable to be fined not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1st

2. Sex, (state whether male or female)...

Male

3. Race or Color, (if not of the white race)...

White

4. Date of Birth,...

July 16th 1894

5. Place of Birth, (Street and Number)...

No. 12 15 Durham St

6. Full Name of Mother,...

Catherine Zimmerman

7. Mother's Maiden Name,...

Catherine, Tschelt

8. Mother's Birthplace,...

Germany

9. Full Name of Father,...

John Zimmerman

10. Father's Occupation,...

Woolen manufacturer

11. Father's Birthplace,...

Germany

Name of Medical Attendant, or other person who makes this Return,...

Mrs. John Lauer

Address,...

No. 1059 Maryland Ave

Remarks,...

Bal. Ind

189400803563

RETURN OF A BIRTH. 56832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each of the persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered in other dues and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 16th 1894

4. Place of Birth, (Street and Number) Tailor, Lowish

5. Full Name of Mother, Annie Bendis

6. Mother's Maiden Name, Annie Cohen

7. Mother's Birthplace, Russia

8. Full Name of Father, Abraham Bendis

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. J. S. [unclear]

Address, 1222 [unclear]

Remarks, 1500

18940073564

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56833

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex, (state whether male or female).

Girl

2. Race or Color, (if not of the white race).

White

3. Date of Birth.

16 June

4. Place of Birth, (Street and Number).

1 Bond str. 613

5. Full Name of Mother.

Josephine Lukhard

6. Mother's Maiden Name.

Kerber

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Carl Lukhard

9. Father's Occupation.

Shivitor

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mari Ross

Address.

1 Bond str. 838

Remarks.

18940303565

jected in the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56 834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17 June

4. Place of Birth, (Street and Number)

Scakespeare 817

5. Full Name of Mother,

Jennie Namara

6. Mother's Maiden Name,

Jennie Olson

7. Mother's Birthplace,

Corvex

8. Full Name of Father,

Mr. Johan Namara

9. Father's Occupation,

Leberman

10. Father's Birthplace,

B. Pelsvanie

Name of Medical Attendant, or other person who makes this Return.

Meri Prell

Address.

Remarks.

P. Bond 838

18940203566

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Boy Male*

2. Race or Color, (if not of the white race) *Race*

3. Date of Birth, *June 7, 1894*

4. Place of Birth, (Street and Number) *1013 E Lombard St.*

5. Full Name of Mother, *Julia Vertman*

6. Mother's Maiden Name, *Julia Redde*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Louis Vertman*

9. Father's Occupation, *Doctor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *Mrs. J. Feldman*

Address, *1013 E Lombard St.*

Remarks, _____

1 8 9 4 0 0 3 5 6 7

RETURN OF A BIRTH.

56836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Fourth

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 17, 1894 - Baltimore City

4. Place of Birth, (Street and Number) 11608 N. Spring St

5. Full Name of Mother, Mary Ann

6. Mother's Maiden Name, Mary Keable

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Ann

9. Father's Occupation, Trunkmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. J. Mantech

Address, _____

Remarks, _____

1 8 9 4 0 0 3 5 6 8

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56837

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 17 - 94

4. Place of Birth, (Street and Number) 921 E. Hoffman

5. Full Name of Mother, Nettie Buck

6. Mother's Maiden Name, Shipley

7. Mother's Birthplace, Balto

8. Full Name of Father, John I. Buck

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. B. Schwartz M.D.

Address, 1002 N. B. Way

Remarks, _____

1 8 9 4 0 0 0 3 5 6 9

ected to the line of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 17th 1894

4. Place of Birth, (Street and Number)

1336 N. Bway

5. Full Name of Mother,

Annie R. Pannetti

6. Mother's Maiden Name,

M^c Knight

7. Mother's Birthplace,

Balto,

8. Full Name of Father,

J. P. Pannetti

9. Father's Occupation,

Salesman

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

J. B. Schwatke M.D.

Address,

1003 N. Bway

Remarks,

18940003570

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Female Child: Grace ~~Rayston~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 17th 1894

4. Place of Birth, (Street and Number) 1818 N. Caroline St.

5. Full Name of Mother, Della Rayston

6. Mother's Maiden Name, Della Proctor

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Thomas S. Rayston

9. Father's Occupation, Butcher

10. Father's Birthplace, Cockeyville Ind.

Name of Medical Attendant, or other person who makes this Return, R. G. Watson

Address, 1314 N. Central Ave.

Remarks, Twins

18940003571

RETURN OF A BIRTH.

56840

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

17th June

4. Place of Birth (Street and Number)

27, Chapple St.

5. Full Name of Mother

Catherine J. Phelps

6. Mother's Maiden Name

Schum

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Phelps

9. Father's Occupation

Labour

10. Father's Birthplace

Cincinnati, Ohio

Name of Medical Attendant, or other Person who makes this Return.

Anna M. Phelps

Address

206 S. Madison St.

Remarks

Mother & Child are

doing well.

56840003572

RETURN OF A BIRTH.

56841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).....

male

2. Race or Color, (if not of the white race).....

negro

3. Date of Birth,.....

June 17-1944

4. Place of Birth, (Street and Number).....

5-78 Oxford St

5. Full Name of Mother,.....

Lillie A. Clark Cornish

6. Mother's Maiden Name,.....

"

7. Mother's Birthplace,.....

Baltimore Md.

8. Full Name of Father,.....

Thos. P. Cornish

9. Father's Occupation,.....

Laborn

10. Father's Birthplace,.....

Cambridge Ind.

Name of Medical Attendant, or other person who makes this Return,.....

A. P. Newcomb M. D.

Address,.....

632 Georges St.

Remarks,.....

8 9 4 0 0 0 3 5 7 3

RETURN OF A BIRTH. 56842 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June the 17 1894

4. Place of Birth, (Street and Number) Perry St 117

5. Full Name of Mother, Mary Washington

6. Mother's Maiden Name, Mary Caswell

7. Mother's Birthplace, northumberland County Virginia

8. Full Name of Father, Henry Washington

9. Father's Occupation, labor

10. Father's Birthplace, smith County

Name of Medical Attendant, or other person who makes this Return

Address, 124 west Hurry road Jane Wilson

Remarks, full 9 months

8940003574

child to report its birth to the Registrar of Health, in the manner and within the period here required, and any such failure or neglect to do so shall be deemed an offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other dues and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 18. 94

4. Place of Birth, (Street and Number)

808 N. Caroline St

5. Full Name of Mother,

Catherine Elizabeth Weitzel

6. Mother's Maiden Name,

Berner

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

Henry Weitzel

9. Father's Occupation,

Litter Carrier

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other person who makes this Return,

Dr. C. P. Pickel, M. D.

Address,

512 Ashland Ave

Remarks,

18940003575

RETURN OF A BIRTH.

56844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person who neglects to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 18th 1894

4. Place of Birth, (Street and Number)

1328 Emerson Dr.

5. Full Name of Mother,

Elizabeth G. Armiger

6. Mother's Maiden Name,

Elizabeth G. Lannon

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Joseph L. Armiger

9. Father's Occupation,

Cutter

10. Father's Birthplace,

June Laurel Co. Md.

Name of Medical Attendant, or other person who makes this Return.

J. G. Watson

Address,

1301 N. Central Ave.

Remarks,

8940003576

RETURN OF A BIRTH ⁵⁶⁸⁴⁵⁻

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) ^{1st}
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) W.
 3. Date of Birth, 18 June 1894.
 4. Place of Birth, (Street and Number) 2421 Maryland Ave.,
Grace H. Gosnell,
 5. Full Name of Mother, Patricia,
Balto. City,
 6. Mother's Maiden Name, Wm B. Gosnell,
Manf. of Boots &
 7. Mother's Birthplace, Fredric Co. Md.
J. F. Ingles,
 8. Full Name of Father, 1007 W. Lawrence
 9. Father's Occupation,
 10. Father's Birthplace,
 Name of Medical Attendant, or other person who makes this Return,
 Address,
 Remarks,

1 8 9 4 0 0 0 3 5 7 7

RETURN OF A BIRTH. 56846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall be liable to the Commission of Health, in the manner and within the period above required, and may such person or persons who fail to comply with the provisions of this act, or who neglect to be recovered as other fines and penalties are recoverable, be liable to the fine of ten (\$10) dollars for each offence.

1. Sex, (state whether male or female)..... *Female*
2. Race or Color, (if not of the white race)..... *Colored*
3. Date of Birth,..... *June 1894*
4. Place of Birth, (Street and Number)..... *520 Oxford St*
5. Full Name of Mother,..... *Maggie Fisher*
6. Mother's Maiden Name,..... *Baker*
7. Mother's Birthplace,..... *Hampton Va*
8. Full Name of Father,..... *Joshua Fisher*
9. Father's Occupation..... *Messenger*
10. Father's Birthplace,..... *Hampton Va*
- Name of Medical Attendant, or other person who makes this Return,..... *Amelia Johnson*
- Address,..... *1024 Frank Ave*
- Remarks,.....

1 8 9 4 0 0 0 3 5 7 8

RETURN OF A BIRTH. 56847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth. June 19th 1907

4. Place of Birth, (Street and Number) 1624 Eager St

5. Full Name of Mother, Lillie Joseph

6. Mother's Maiden Name, Meyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Joseph

9. Father's Occupation, Bar-tender

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. L. Gray

Address, 112 1907 E Eager St

Remarks.

18940003579

RETURN OF A BIRTH. 56848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

9. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19th 94
4. Place of Birth, (Street and Number) 318 S. Stricker St
5. Full Name of Mother, Annie T. Weber
6. Mother's Maiden Name, Annie T. Spearman
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, George E. Weber
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore, Md
- Name of Medical Attendant, or other person who makes this Return, Henry C. Oke. M.D.
- Address, 1203 W. Fayette St
- Remarks,

8440003580

and to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.) 1st.
Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 19th 94
 4. Place of Birth, (Street and Number) 1420 N. Pratt St
 5. Full Name of Mother, Cora E. Murphy
 6. Mother's Maiden Name, Cora E. O'Hara
 7. Mother's Birthplace, Baltimore, Md.
 8. Full Name of Father, Wm. J. Murphy
 9. Father's Occupation, Machinist
 10. Father's Birthplace, Baltimore, Md.
 Name of Medical Attendant, or other person who makes this Return, Wm. C. O'Leary, M.D.
 Address, 1203 N. Fitzgerald St
 Remarks, _____

8 9 4 0 0 0 3 5 8 1

RETURN OF A
Office of Registrar of Vital Statistics, Board of H

of Mother, (state whether 1st, 2d, 3d, &c.) III

whether male or female Girl

Color, (if not of the white race) White

Birth, June 29

Birth, (Street and Number) 1909 Pulas

me of Mother, Mina Gauss

s Maiden Name, Gigg

s Birthplace, Germany

one of Father, Jacob Gauss

s Occupation Saloonkeeper

s Birthplace, Germany

f Medical Attendant, or other person who makes this Return, Mrs. Leisel
2925 Gar

40003582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation

Father's Birthplace,

or other person who makes this Return,

6940003583

RETURN OF A BIRTH. 56850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered for each offence, to be recovered for each offence, to be recovered for each offence.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940003584

RETURN OF A BIRTH. 56857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
 shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15 1884
4. Place of Birth, (Street and Number) 206 Jackson St ~~Pratt St~~
5. Full Name of Mother, Adeline Smith
6. Mother's Maiden Name, White
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Smith
9. Father's Occupation, Marshall
10. Father's Birthplace, Chicago Ill
- Name of Medical Attendant, or other person who makes this Return, George H. Smith M.D.
- Address, 237 Boston Avenue
- Remarks, _____

18840003585

Over RETURN OF A BIRTH *56852*
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Four
Name: Raymond Coleman Parlett *Male*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

18740003585

In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56853

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st -
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 19/94
4. Place of Birth (Street and Number) 1229 Riverside Ave
5. Full Name of Mother Annie N. Engle
6. Mother's Maiden Name Marie N. McCully
7. Mother's Birthplace Balto city
8. Full Name of Father Charles Lee Engle
9. Father's Occupation R. R. Brokerman
10. Father's Birthplace Harper Ferry West Va
- Name of Medical Attendant, or other Person who makes this Return. E. M. Lukens
- Address 407 Sharp St.
- Remarks

1 8 9 4 0 0 0 3 5 8 7

RETURN OF A BIRTH 56854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19/94

4. Place of Birth, (Street and Number) 1716 N Mount St

5. Full Name of Mother, Birdie Harry

6. Mother's Maiden Name, Birdie Brown

7. Mother's Birthplace, Ind

8. Full Name of Father, Otis Harry

9. Father's Occupation, cigar maker

10. Father's Birthplace, Ind

Name of Medical Attendant, or other person who makes this Return, J. H. Miller M.D.

Address,

Remarks,

8940003589

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 20th 1894
 4. Place of Birth, (Street and Number) 23 Jenkins Lane
 5. Full Name of Mother, Kate Davis
 6. Mother's Maiden Name, Kate Gilliam
 7. Mother's Birthplace, Balto. City
 8. Full Name of Father, Michael Davis
 9. Father's Occupation, Wood Turner
 10. Father's Birthplace, Balto. City
 Name of Medical Attendant, or other person who makes this Return, C. R. Phoenix, M.D.
 Address, 1820 Aisquith St.
 Remarks,

18940003589

GIVEN NAME ADDED 10-9-58
 RETURN OF A BIRTH. 56856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick ~~Halim~~ Kalin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 June - 1894

4. Place of Birth, (Street and Number) Eastview 1620

5. Full Name of Mother, Rieke Halin

6. Mother's Maiden Name, Stotze

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred Halin

9. Father's Occupation, cook cook

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie Pres

Address, P. Bond St. 838

Remarks,

18940003590

Person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 20th 94
4. Place of Birth, (Street and Number) Cor Preston & Penna Ave
5. Full Name of Mother, Minnie M. Liedlich
6. Mother's Maiden Name, Minnie M. Osenburg
7. Mother's Birthplace, Balto
8. Full Name of Father, John W. Liedlich
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, C. K. Jump M.D.
- Address, 917 Argyle Ave.
- Remarks,

1 8 9 4 0 0 0 3 5 9 1

GIVEN NAME ADDED 6-9-60 RETURN OF A BIRTH

36858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Louise Kuehling
of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Female

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, *June 20th 1894*
4. Place of Birth, (Street and Number) *42 637 N Central Ave*
5. Full Name of Mother, *Emma Kuehling*
6. Mother's Maiden Name, *Green*
7. Mother's Birthplace, *Alexandria*
8. Full Name of Father, *Charles Kuehling*
9. Father's Occupation, *Book*
10. Father's Birthplace, *Baltimore*
11. Name of Medical Attendant, or other person who makes this Return, *Mrs. L. Green*
12. Address, *Monument H*
13. Remarks, *11-2 1907*

18940003592

Section in the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 20th 1894

4. Place of Birth, (Street and Number)

14 S Central Av

5. Full Name of Mother,

Ellen Gormly

6. Mother's Maiden Name,

" Connor

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Gormly

9. Father's Occupation

Saloon

Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

J. Ridgway M.D.

Address,

1123 E Balto St

Remarks,

18940003593

RETURN OF A BIRTH. 56860 the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Id. of Mother, (state whether 1st, 2d, 3d, &c.) 3d
 State whether male or female Female
 Color, (if not of the white race) colored
 Birth, June 20-94
 of Birth, (Street and Number) 534 Lambert St.
 Name of Mother, Julia H. Nelson
 s Maiden Name, "
 s Birthplace, St Mary's
 Name of Father, "
 s Occupation, "
 s Birthplace, "
 Medical Attendant, Dr. J. H. M. D.
 or other person who makes this Return.
572
was called in after birth of child
18940003594

RETURN OF A BIRTH. 56 860 1/2 the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

State whether male or female

Female
Caucase

Color, (if not of the white race)

of Birth,

June 20 - 94

of Birth, (Street and Number)

534 Lombard St

Name of Mother,

Julia H. Nelson

's Maiden Name,

Julia H. Nelson

's Birthplace,

St. Mary's Co

Name of Father,

} ?

's Occupation.

's Birthplace,

of Medical Attendant, or other person who makes this Return.

John D. Leonard

's,

572 P. Mastman

's,

Was called in after child was born.

18940003595

RETURN OF A BIRTH. 56861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child
boy

Sex, (state whether male or female).

White

2. Race or Color, (if not of the white race)

3. Date of Birth,

21 June

4. Place of Birth, (Street and Number)

J. Bond Str. 605

5. Full Name of Mother,

Mari Dustrindak

6. Mother's Maiden Name,

Doxnak

7. Mother's Birthplace,

Crajan

8. Full Name of Father,

Valentin Dustrindak

9. Father's Occupation,

Leberman

10. Father's Birthplace,

Crajan

Name of Medical Attendant, or other person who makes this Return,

Mari Pett

Address,

J. Bond Str. 838.

Remarks, ..

18940003596

RETURN OF A BIRTH.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the _____ and _____
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 _____ female) Female

1. Sex, (state whether male or female) _____
 _____ (state white race) _____

2. Race or Color, (if not of the white race) Same 21

3. Date of Birth, June 21/94

4. Place of Birth, (Street and Number). *Yon*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father

9. *Father's Occupation.*

9. Father's Birthplace.

Name of Medical Attendant

Name of applicant, _____
Address, _____

Address, _____
Remarks, _____ 1022

or other person who makes this Return.

Remarks, 18940003597

RETURN OF A BIRTH.

56863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: *Marguerite Baal Rupert Wirth*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 21 1894*
4. Place of Birth, (Street and Number) *Pennsylvania Avenue & Pitches St.*
5. Full Name of Mother, *Margaret Wirth*
6. Mother's Maiden Name, *Baal*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Andrew Wirth*
9. Father's Occupation, *Cigar Store*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *M. Brewer M.D.*
- Address, *1106 McCallum Street*
- Remarks, *18940003598*

any such person or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Henry Oheim~~ HENRY OHEIM

a. of Child of Mother, (~~state whether 1st, 2d, 3rd, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, June 22nd 10th mo 1894

4. Place of Birth, (Street and Number) 1076 Grand St

5. Full Name of Mother, Anne Oheim OHEIM

6. Mother's Maiden Name, II Jachan

7. Mother's Birthplace, Balt

8. Full Name of Father, Henry Oheim (OHEIM)

9. Father's Occupation, Dyer

Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return,

Address, 25th Prinston St

Remarks,

18940003599

It is the duty of the Registrar of Vital Statistics, Board of Health, Baltimore City, to receive and file all returns of births, deaths, marriages, divorces, and adoptions, and to issue certificates of birth, death, marriage, divorce, and adoption, and to keep a record of the same. Any person who fails to file a return of a birth, death, marriage, divorce, or adoption, or who files a false return, is liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9 children

Sex, (state whether male or female).

Girl
White

2. Race or Color, (if not of the white race).

3. Date of Birth,

22 June

4. Place of Birth, (Street and Number)

James St. 1506

5. Full Name of Mother,

Annie Pipa

6. Mother's Maiden Name,

Kroc

7. Mother's Birthplace,

Böhmien

8. Full Name of Father,

Anton Pipa

9. Father's Occupation,

Lehrman

10. Father's Birthplace,

Böhmien

Name of Medical Attendant, or other person who makes this Return.

Marie Pech.

Address,

1 Bond St. 828

Remarks.

1894063603

RETURN OF A BIRTH

56866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22nd June 1894

4. Place of Birth, (Street and Number)

842 Harford Ave

5. Full Name of Mother,

Sarah Fogarty

6. Mother's Maiden Name,

Sarah Benton

7. Mother's Birthplace,

New Point - Va

8. Full Name of Father,

John J. Fogarty

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Charleston, South Carolina

Name of Medical Attendant, or other person who makes this Return,

Wm. Drury Tubb

Address,

914 Tifton Place City

Remarks,

18940003601

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56869 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. If a child is born to a woman who is not a resident of Baltimore City, the mother shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 24/29*
4. Place of Birth, (Street and Number) *915 - Lor. St.*
5. Full Name of Mother, *Vette Benjamin*
6. Mother's Maiden Name, *Vette Sachs*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Wille Benjamin*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Russia*
11. Name of Medical Attendant, or other person who makes this Return, *W. C. Lowmansky*
12. Address, *1021 E. Lombard St.*
13. Remarks, *18940003602*

RETURN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health,

Number, (state whether 1st, 2d, 3d, &c) 2
 Whether male or female) Boy
 Color, (if not of the white race) White
 Birth, April 12th 1894
 Birth, (Street and Number) 2112 N. 4th St.
 of Mother, Barbara
 Maiden Name, Bohemian
 Birthplace, Bohemian
 of Father, Jules Topf
 Occupation, Day laborer
 Birth, Bohemian
 Medical Attendant, or other person who makes this Return, Mary Kepis
205 N. Washington St.

1894003603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 22 1894
4. Place of Birth, (Street and Number) 202 Dallas St
5. Full Name of Mother, Cathleen Thomas
6. Mother's Maiden Name, Cathleen Bonds
7. Mother's Birthplace, St Marys County
8. Full Name of Father, George Thomas
9. Father's Occupation, Handling Lumber
10. Father's Birthplace, St Marys County
11. Name of Medical Attendant, or other person who makes this Return, Georgia A Brooks
12. Address, 1751 Mulliken St
13. Remarks, No Remarks

8940003604

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56869

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) American

3. Date of Birth, June 23d 1894

4. Place of Birth, (Street and Number) 1011 Clifton Place

5. Full Name of Mother, Kate Courtney

6. Mother's Maiden Name, Kate Broderick

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, John G. Courtney

9. Father's Occupation, Moulder

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Wooden

Address, Greenmount Ave

Remarks,

18940003605

to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5. Child*
 1. Sex, (state whether male or female) *Boy*
 2. Race or Color, (if not of the white race) *White Race*
 3. Date of Birth, *Born June 23rd 1894*
 4. Place of Birth, (Street and Number) *# 2124. Mary Ann St*
 5. Full Name of Mother, *Mrs. Mahe Friedl*
 6. Mother's Maiden Name, *Miss " Bloberger*
 7. Mother's Birthplace, *Böhmer, Germany*
 8. Full Name of Father, *John Friedl*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Böhmer, Germany*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Hiller*
 Address, *# 2127 W. Pratt St*
 Remarks,

8440003606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

RETURN OF A BIRTH. 56872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child
 Sex, (state whether male or female) Boy
 Race or Color, (if not of the white race) White Race
 Date of Birth, Born June 24th 1894
 Place of Birth, (Street and Number) # 65 Waters Lane
 Full Name of Mother, Mrs. Annie Manger
 Mother's Maiden Name, Miss Smith
 Mother's Birthplace, Saxon, Germany
 Full Name of Father, John Manger
 Father's Occupation, Butcher
 Father's Birthplace, Saxon Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller
 Address, # 2127 W. Pratt St
 Remarks, 18940003608

RETURN OF A BIRTH: 56873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Blonde skin
3. Date of Birth, June 24 94
4. Place of Birth, (Street and Number) 525 Biddle St
5. Full Name of Mother, Johns
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James Jones
9. Father's Occupation, Officer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. J. J. Jones
- Address, 612 Jefferson St
- Remarks, _____

1 8 9 4 0 0 0 3 6 0 9

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) white
- Date of Birth, 24th June
- Place of Birth, (Street and Number) No. 712 Mc Henry Street.
- Full Name of Mother, Louise Flag.
- Mother's Maiden Name, Schieler
- Mother's Birthplace, Baltimore Md.
- Full Name of Father, John Charles Flag.
- Father's Occupation, Shoemaker
- Father's Birthplace, Annapolis Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Kischoff
- Address, No. 1136 Cleveland St.
- Remarks, 18940003610

RETURN OF A BIRTH.

GIVEN NAME ADDED, 2-6-62

56875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ernest Sullivan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female).

Male -

2. Race or Color, (if not of the white race)

Caucasian.

3. Date of Birth,

June 24th

1894.

4. Place of Birth, (Street and Number)

912

Pierce St

5. Full Name of Mother,

Georgina A.

Sullivan

6. Mother's Maiden Name,

Skinner

7. Mother's Birthplace,

Dalvest Co.

Ma

8. Full Name of Father,

James O.

Sullivan

9. Father's Occupation

Laborer

10. Father's Birthplace,

Cambridge Co.

Ma

Name of Medical Attendant, or other person who makes this Return,

W Ben Hawkins

Address,

409 - N. Green St.

Remarks,

1 8 9 4 0 0 0 3 6 1 1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June 24 - 94*

4. Place of Birth, (Street and Number) *179 Harrison*

5. Full Name of Mother, *Mary Winckling*

6. Mother's Maiden Name, *Mary Hasmer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Joe Winckling*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *David V. Meyer, M.D.*

Address, *1200 2d Eden St.*

Remarks, *8940003612*

RETURN OF A BIRTH. 56 877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 25th 1894
 4. Place of Birth, (Street and Number) 16 Union Ave.
 5. Full Name of Mother, Minnie Dunn
 6. Mother's Maiden Name, Minnie Beck
 7. Mother's Birthplace, Balto. City
 8. Full Name of Father, Harry A. Dunn
 9. Father's Occupation, Driver
 10. Father's Birthplace, Balto. City
 Name of Medical Attendant, or other person who makes this Return, C. R. Shoemaker M.D.
 Address, 1800 Aisquith St.
 Remarks, 8440003613

RETURN OF A BIRTH. 56878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 25 - 94

4. Place of Birth, (Street and Number) 38 Dinsley - Waverly

5. Full Name of Mother, Amanda Montgomery

6. Mother's Maiden Name, Amanda Frank

7. Mother's Birthplace, Balt

8. Full Name of Father, Wm Montgomery

9. Father's Occupation, Locomotive

10. Father's Birthplace, Balt Co

Name of Medical Attendant, or other person who makes this Return, Daniel V. Meyer, M.D.

Address, 1200 N. Eden St.

Remarks, 8940003614

RETURN OF A BIRTH.

56879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th June

4. Place of Birth, (Street and Number) No. 1102 Carroll

5. Full Name of Mother, Hannah E. Dolan

6. Mother's Maiden Name, Treppen

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John J. Dolan

9. Father's Occupation, Fire Filler

10. Father's Birthplace, Grafton W. Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Biscoff

Address, 1-1136 Cleveland Str.

Remarks, 1 8 9 4 0 0 0 3 6 1 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
 Sex, (state whether male or female) female
 Race or Color, (if not of the white race) Colored
 Date of Birth, June 25 1894
 Place of Birth, (Street and Number) Balt. Henrietta St. 210
 Full Name of Mother, Sarah Jane Finney
 Mother's Maiden Name, " " " " Horner
 Mother's Birthplace, Balt. Md. C
 Full Name of Father, Edward Finney
 Father's Occupation, Laborer
 Father's Birthplace, C. S. Va.
 Name of Medical Attendant, or other person who makes this return, Annie M. Harise
 Address, 202 E. China St. Balt. Md.
 Remarks, born to John T. Finney, died 26 Jan. 1894
Entered Sharp & T. Burial home 28 9 4 A.M. of 3 6 8 Finney.

RETURN OF A BIRTH. 56887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
- Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 25 June - 5-minute past 1 o'clock
4. Place of Birth, (Street and Number) 822 M.C. Donough St.
5. Full Name of Mother, annie Johnson
6. Mother's Maiden Name, colbert
7. Mother's Birthplace, m d
8. Full Name of Father, Thomas Johnson
9. Father's Occupation, labor
10. Father's Birthplace, m d
- Name of Medical Attendant, or other person who makes this Return. J. B. Butler
- Address, 813 Butler St.
- Remarks, Josephine 8940003617 A

Return to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, if not recovered as other files and foritures are recoverable.

GIVEN NAME ADDED - 2/24/67

RETURN OF A BIRTH. 56882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: LILLIAN VALENTINE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7. Child
Girl

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born June 25th 1894

4. Place of Birth, (Street and Number)

1425 W. Pratt St.

5. Full Name of Mother,

Mrs. Fredericka Valentine

6. Mother's Maiden Name,

Miss " Kurtz

7. Mother's Birthplace,

Hessen Germany

8. Full Name of Father,

Frederick Valentine

9. Father's Occupation,

Carpet Weaver

10. Father's Birthplace,

Hessen Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Miller

Address,

#2127 W. Pratt St

Remarks,

FILED JUNE 28 1894 0003613

RETURN OF A BIRTH. 56883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Noted to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 26/94

4. Place of Birth, (Street and Number) 227 N. Chester St.

5. Full Name of Mother, Frances Harris

6. Mother's Maiden Name, Frances Gay

7. Mother's Birthplace, 2nd

8. Full Name of Father, W. M. Harris

9. Father's Occupation, Lithographer

10. Father's Birthplace, Chad St.

Name of Medical Attendant, or other person who makes this Return, Edw. Mansfield M.D.

Address, 127 S. Broadway

Remarks, 18940003619

RETURN OF A BIRTH. 56884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall be reported as such, and the Commissioner of Health, in the manner and within the period above required, and any such person who omits hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 27th 1894

4. Place of Birth, (Street and Number) 923 Greenview Court,

5. Full Name of Mother, Lucia Mason

6. Mother's Maiden Name, Lucia Williams

7. Mother's Birthplace, Maryland (Annapolis)

8. Full Name of Father, Walter Mason

9. Father's Occupation, Marble Cutter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Miss L. A. Lewis

Address, 810 Madison Ave., Cal.

Remarks, 18940003620

RETURN OF A BIRTH. 56885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so, or who furnishes false information, or who neglects to file a return, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 1 1894*
4. Place of Birth, (Street and Number) *1144 York Street Balt.*
5. Full Name of Mother, *Marion Taylor*
6. Mother's Maiden Name, *Wilson*
7. Mother's Birthplace, *Myers*
8. Full Name of Father, *Joseph Baker*
9. Father's Occupation, *Russian*
10. Father's Birthplace, *Moscow*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Jane Barker*
- Address, *1144 York Street Balt.*
- Remarks, *18940003621*

Child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.) 22
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Race
4. Date of Birth, June 2 1894
5. Place of Birth, (Street and Number) 1007 E. Lombard St
6. Full Name of Mother, Mary Becker
7. Mother's Maiden Name, Mary Cohen
8. Mother's Birthplace, Russia
9. Full Name of Father, Mrs. Becker
10. Father's Occupation, Cutcher
11. Father's Birthplace, Russia
Name of Medical Attendant, or other person who makes this Return, Mrs. Y. Feldman
Address, 1007 E. Lombard St
Remarks, 18940003622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Not to report to the Registrar of Vital Statistics, Baltimore City, any child born within the period above required, and who is not a resident of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 Child
girl
White

3 June
Langaster St. 1725
Branislava Hajikowsky
Viato
Osterrajch
Osterrajch Josef Hajikowsky
Leberman
Osterrajch

M. Press

18940003623

RETURN OF A BIRTH. 56888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)...

5 children

Sex, (state whether male or female)...

boy

White

2. Race or Color. (if not of the white race)...

3 June

3. Date of Birth...

S. Bond St. 823

4. Place of Birth. (Street and Number)...

Meri Hamborsky

5. Full Name of Mother...

Rucenska

6. Mother's Maiden Name...

Pragan

7. Mother's Birthplace...

Germany

8. Full Name of Father...

Anton Hamborsky

9. Father's Occupation...

Leberman

10. Father's Birthplace...

Germany

Name of Medical Attendant, or other person who makes this Return...

Meri Prett

Address...

S. Bond St. 838

Remarks...

18940003624

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to be fined for each offense, to be recovered as other fines and forfeitures are recoverable, not exceeding the sum of ten dollars for each offense.

child at report its birth, to the Commissioner of Health, in the manner and within the period above required, and
if it is not so reported, the parents or other persons who shall hereafter fail to comply with the provisions of
this act, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 4 1894

4. Place of Birth, (Street and Number)

Argyle Avenue

5. Full Name of Mother,

Cora ~~Mess~~ Wohl

6. Mother's Maiden Name,

" Nelson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George A Wohl

9. Father's Occupation

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

M. Brewer M.D.

Address,

1106 McCallum St

Remarks,

18940007625

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56890

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th June
4. Place of Birth, (Street and Number) No. 847 Clifford St.
5. Full Name of Mother, Wilhelmine Werner
6. Mother's Maiden Name, Frank
7. Mother's Birthplace, Barlen, Prussia
8. Full Name of Father, Heinrich Werner
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Prussia
- Name of Medical Attendant, Dr. A. M. Bischoff
- Address, 1136 Cleveland St.
- Remarks, 18940003626

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons reporting to the Registrar of Vital Statistics, the birth of a child, shall be subject to the provisions of this section, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 4, 1894*
4. Place of Birth, (Street and Number) *90 Avenue St.*
5. Full Name of Mother, *Jennie Friedman*
6. Mother's Maiden Name, *Jennie Cohen*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Harry Friedman*
9. Father's Occupation, *Bookbinder*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. G. Friedman*
- Address, *1012 E. Lombard St.*
- Remarks, *18940003627*

RETURN OF A BIRTH. 56 P92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 children
- Sex, (state whether male or female) girl
- Race or Color, (if not of the white race) White
- Date of Birth, 4 June 1894
- Place of Birth, (Street and Number) 714 Cannon St.
- Full Name of Mother, Meri Mackovak
- Mother's Maiden Name, Vjuskovska
- Mother's Birthplace, Prager
- Full Name of Father, Hajk Mackovak
- Father's Occupation, Leberman
- Father's Birthplace, Prager
- Name of Medical Attendant, or other person who makes this Return, Mr. Pres.
- Address, J. Bond str. 838
- Remarks, 18940003628

RETURN OF A BIRTH. 56893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herein be required to file a return, and who shall fail to do so, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Girl Male
2. Race or Color, (if not of the white race) Race
3. Date of Birth, June 3, 1894
4. Place of Birth, (Street and Number) 1219 Mulling St.
5. Full Name of Mother, Sarah Cohen
6. Mother's Maiden Name, Sarah Waxman
7. Mother's Birthplace, Russia
8. Full Name of Father, Harry Cohen
9. Father's Occupation, Tailor
0. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, Mr. W. Feldman
- Address, 1010 E. Lombard St.
- Remarks, 18940003629

CERTIFICATE CORRECTED 11/5/64

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: FRANK J. SORRELL

Sex, (state whether 1st, 2d, 3d, &c.) the six

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 6, 1894

4. Place of Birth, (Street and Number) 814 Stockholm Baltimore Md

5. Full Name of Mother, Margaret L. Sorrell

6. Mother's Maiden Name, Margaret L. Wilson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Sorrell

9. Father's Occupation, Cabdriver

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Grace Harris

Address, 814 Stockholm St

Remarks, 18940003630

shall to report the birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in the law, and if any such person or persons shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and the mother and father of the child, in the manner and within the time specified in the law, shall be subject to the same penalties.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *first*
Male

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 8*

4. Place of Birth, (Street and Number) *11001 W Cross St*

5. Full Name of Mother, *Corra Adams*

6. Mother's Maiden Name, *White*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Clarence Adams*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *Edw Grunfeld M.D.*

Address, *517 Leavitt St.*

Remarks, *18940003631*

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
in case of failure to do so, the parent or person having charge of the child, shall be liable to a fine of ten
dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *Girl* *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 7 1894*
4. Place of Birth, (Street and Number) *744 E Lombard St*
5. Full Name of Mother, *Mollie Gersenthal*
6. Mother's Maiden Name, *Mollie Gutz*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Phillip Gersenthal*
9. Father's Occupation, *Salior*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this return. *Mrs. J. F. Johnson*
- Address, *744 E Lombard St*
- Remarks, *18940003632*

RETURN OF A BIRTH. 56897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child
girl
White

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

10 June
P. Bond St. 726

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Johanna Korcovic
Vishnovska

6. Mother's Maiden Name,

7. Mother's Birthplace,

Pragin
Korcovic

8. Full Name of Father,

9. Father's Occupation

Leberman
Pragin

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Meri Prest

Address,

P. Bond St. 838

Remarks,

48940003633

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56898 GIVEN NAME ADDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
 NAME William Edward Taylor 5-24-93

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Births Twin Male

2. Sex, (state whether male or female) Males

3. Race or Color, (if not of the white race) White

4. Date of Birth, 10th June 1894

5. Place of Birth, (Street and Number) 1518 Retreat St

6. Full Name of Mother, Lizzie R Taylor

7. Mother's Maiden Name, Lizzie R Miller

8. Mother's Birthplace, Germany

9. Full Name of Father, David A Taylor

10. Father's Occupation, Gripman

11. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other person who makes this Return, _____

Address, Mrs M. F. Shockney

Remarks, 731 Cumberland St 5-24-94

Filed - JUNE 1894

State to report its return to the Commissioner of Health, in the manner and within the period above required, and the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of each
of these
sections shall be
forfeited and
forfeitures are recoverable.

of each
of these
sections shall be
forfeited and
forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, - Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Male

Black.

June 22 94
414 N. 6th St. W. 10th St.

Martha Dech

Harry S. Hiley M.D.
Physician
1394 0692 W 6th St.

RETURN OF A BIRTH. 5,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4d*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *June 23 / 4 eleven morning*
4. Place of Birth, (Street and Number) *214 Parkin St. near Pratt St.*
5. Full Name of Mother, *Lizzie*
6. Mother's Maiden Name, *Tavilly*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *George, Robert Sweitzer*
9. Father's Occupation, *Laborn*
10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. M. Hanne, from the*
 Address, *Joining Dispensary 614 S. Charles Street*
 Remarks, _____

18940003636

attendant upon the mother, immediately after the birth of any child, or a person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, and the same shall be recoverable by the person or persons who shall hereafter fail to comply with the provisions of this act.

to certify that Mr Fradarick J. Laib personally appeared
as a Notary Public in and for the City of Baltimore, State
land, and made affidavit that the following statement is
correct.

correct name is Frederick J. Laib, and that HEALTH DEPART-
CITY OF BALTIMORE - CERTIFICATE OF BIRTH - NO. 56938, which
cord of the birth of the child born to my wife at No. 27 N.
er Street, Baltimore, Maryland, on the 28th. day of June,
ould have the name of the child recorded as HELEN REBECCA
ha name of the father as FREDERICK J. LAIB and the ~~XXXXXXXX~~
the mother as MARY J. LAIB.

bed and sworn
ra me this 15th.
November, 1937.

Frederick J. Laib
Father

George H. Laib
Notary Public

edarick J. Laib is employed in the Health Department of
ora City, State of Maryland, and has been employed by them for
rs.

1 8 9 4 0 0 0 3 6 3 7

RETURN OF A BIRTH. 56899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11th 1894

4. Place of Birth, (Street and Number) 1828 Bank Street

5. Full Name of Mother, Maggie Perriat

6. Mother's Maiden Name, Black

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Seckert

9. Father's Occupation, Upholsterer

10. Father's Birthplace, Germany

Name of Medical Attendant, Mrs H.E. Quavler

Address, 212 N. Patterson Park Avenue

Remarks, 18940003638

Child to report its birth to the Commissioner of Health, in the manner and provisions of the Act, and to file a certificate of birth with the Registrar of Vital Statistics, within the period above required, and to pay the fee of ten cents for each child, and to be recovered as other fines and forfeitures are recoverable.

Any person who fails to comply with the provisions of the Act, or who makes a false statement, or who is guilty of any other offense, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁵⁶⁹⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19th 1894

4. Place of Birth, (Street and Number) Barbours Street 29

5. Full Name of Mother, Laura McGarry

6. Mother's Maiden Name, Laura Smith

7. Mother's Birthplace, Catonsville Baltimore County

8. Full Name of Father, Laura McGarry

9. Father's Occupation, Flourisher

10. Father's Birthplace, Ireland

Name of Medical Attendant, Hennell

or other Person who makes this Return

Address, 2011 Barbours Street

Remarks, 18940003639

within the period above provided, except in the cases of the births and deaths of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A DECEASED PERSON

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 male or female) Girl

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. *Date of Birth.*.....
4. *Place of Birth, (Street and Number)*.....

5. Full Name of Mother.

6. Mother's Maiden Name,

7. *Mother's Birthplace.*

2. Full Name of Father, _____

9. *Father's Occupation*

10. Father's Birthplace.

Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return.

Address, 413

Remarks.

No. _____
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 56962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third child*

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June 13*

4. Place of Birth, (Street and Number) *Scott street 1203*

5. Full Name of Mother, *Elizabeth Mason*

6. Mother's Maiden Name, *Elizabeth Conway*

7. Mother's Birthplace, *Baltimore city on Lombard street*

8. Full Name of Father, *James Henry Mason*

9. Father's Occupation, *dealer seeds and summing*

10. Father's Birthplace, *Worcester county near Fall Md.*

Name of Medical Attendant, or other person who makes this Return, *Marshall L. Lundy*

Address, *519 south pass street*

Remarks, *Child living*

1 8 9 4 0 0 0 3 6 4 1

RETURN OF A BIRTH. 56913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 children
 Sex, (state whether male or female) boy
 Race or Color, (if not of the white race) White
 Date of Birth, June 15 L. Brodovaj 806
 Place of Birth, (Street and Number) L. Brodovaj 806
 Full Name of Mother, Katharina Veknerovic
 Mother's Maiden Name, Kinderska
 Mother's Birthplace, Germanej
 Full Name of Father, Veknerovic
 Father's Occupation, Tailor
 Father's Birthplace, Germanej
 Name of Medical Attendant, or other person who makes this Return, Meri Press
 Address, 9 Bond str. 838
 Remarks, 8940003642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56964

Penalty for false or fraudulent returns: Any person who shall be convicted of making a false or fraudulent return shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 16th June

4. Place of Birth, (Street and Number) No. 1155 Cleveland St.

5. Full Name of Mother, Lizzie Eiermann

6. Mother's Maiden Name, West

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Adam J. Eiermann

9. Father's Occupation, Muxter

10. Father's Birthplace, Baden Germany

Name of Medical Attendant, or other person who makes this Return, Mrs A. H. Bischoff

Address, No. 1136 Cleveland St.

Remarks, 18940003643

RETURN OF A BIRTH 56905-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth, 16th June 1894

4. Place of Birth (Street and Number), 1024 Wilmor St

5. Full Name of Mother, Kate H. Phelan

6. Mother's Maiden Name, Hahn

7. Mother's Birthplace, Balt

8. Full Name of Father, Saml W. Phelan

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Geo H. Cyster
Andrew Ann & Wilson St

1 8 9 4 0 0 0 3 6 4 4

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. *th Child*
 1. Sex, (state whether male or female) Female.
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 18th June 1894.
 4. Place of Birth, (Street and Number) Klemm St. 61513.
 5. Full Name of Mother, ~~Elizabeth~~ Britoche Reuth.
 6. Mother's Maiden Name, " Hoffmans.
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Samuel Reuth
 9. Father's Occupation, Clerk
 10. Father's Birthplace, Baltimore.
 Name of Medical Attendant, or other person who makes this Return, Lizzy Schaeffler
 Address, Fort Peter St. 1708.
 Remarks, + 8 4 4 0 0 0 3 6 4 6

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each birth must be reported to the Registrar of Vital Statistics, Baltimore City, within ten days of the birth. If the birth is reported after ten days, the Registrar will not accept the return, and the parents will be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child
Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 18th 1894
418 S. Chester St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Miss Kate Cook

6. Mother's Maiden Name,

Mrs. Kate Krifner

7. Mother's Birthplace,

in Baltimore

8. Full Name of Father,

Mr. John Cook

9. Father's Occupation,

Buttonhole Operator

10. Father's Birthplace,

in Baltimore

Name of Medical Attendant, or other person who makes this return.

Mrs. Mary H. Taylor

Address,

#615 S. Patterson Pl Ave

Remarks,

18940003647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether ~~1st~~ 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 18th 1894

4. Place of Birth, (Street and Number) 815 N Fulton Ave

5. Full Name of Mother, Ema L Hoffman

6. Mother's Maiden Name, Ema L Cole

7. Mother's Birthplace, Calverton Balt Count, Md

8. Full Name of Father, Edward L Hoffman

9. Father's Occupation, Subway

Father's Birthplace, Callow Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm Correll Md

Address, 1703 W Lanvale St

Remarks, 18940003648

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 18 4/94

4. Place of Birth, (Street and Number) 1028 N. Armonst ave

5. Full Name of Mother, Mary E. Buckingham

6. Mother's Maiden Name, Mary E. Teger

7. Mother's Birthplace, Ellicott City Howard Co. Md

8. Full Name of Father, Edward B. Buckingham

9. Father's Occupation, Painter

10. Father's Birthplace, Westminster Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary E. Buckingham

Remarks, 731 Calver Ave

any such period or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56 911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Attale*
 2. Race or Color, (if not of the white race) *colored*
 3. Date of Birth, *June 19th*
 4. Place of Birth, (Street and Number) *Brice St 1412*
 5. Full Name of Mother, *Clara Deaker*
 6. Mother's Maiden Name, *Clara Hallen*
 7. Mother's Birthplace, *Howard County*
 8. Full Name of Father, *Phil. Deaker*
 9. Father's Occupation, *Hackman*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Matilda Johnson*
 Address, *1408 Brice St Balto*
 Remarks, *18940003650*

RETURN OF A BIRTH.

56912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) seventh
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, the nineteenth of June
4. Place of Birth, (Street and Number) 1233 Bayard St.
5. Full Name of Mother, Thelie Gutheil
6. Mother's Maiden Name, Croager
7. Mother's Birthplace, Baltimore
8. Full Name of Father, L B Gutheil
9. Father's Occupation, laborer
- Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Lucie Waters midwife
- Address, Lucie Waters 1218 Bayard St.
- Remarks, 1 8 9 4 0 0 0 3 6 5 1

RETURN OF A BIRTH. 56913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 19-94 June
 4. Place of Birth, (Street and Number) 1400 8 Lombard St
 5. Full Name of Mother, Eene Appelstean
 6. Mother's Maiden Name, Eene Cresmer
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Benson Appelstean
 9. Father's Occupation, Trailer
 10. Father's Birthplace, Russia
 Name of Medical Attendant, or other person who makes this Return, Dr. J. W. Lubchansky
 Address, 22 W. Greeter St. City
 Remarks, 18940003652

RETURN OF A BIRTH. 56914 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to do so shall be subject to the penalties provided in the Act, and shall be liable to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female). Female.

2. Race or Color, (if not of the white race). Colored.

3. Date of Birth, June 20th.

4. Place of Birth, (Street and Number) 1722 Stirling Street.

5. Full Name of Mother, Edw. Smallwood.

6. Mother's Maiden Name, Sda Swifens.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Smallwood.

9. Father's Occupation, works in Lumber yard.

Father's Birthplace, Long Green Balto County Md.

Name of Medical Attendant, or other person who makes this Return, Dr William Harris.

Address, Mary E Stuart 1132 1416 Jefferson Street Balto

Remarks, East Lexington 85 4 0 0 0 3 6 5 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) colored
 3. Date of Birth, June 20th
 4. Place of Birth, (Street and Number) Bruce St 1530
 5. Full Name of Mother, Matilda Sparrow
 6. Mother's Maiden Name, Matilda Johnson
 7. Mother's Birthplace, Hunard county Ark.
 8. Full Name of Father, Charles Sparrow
 9. Father's Occupation, Labor
 Father's Birthplace, Annapolis Md
 Name of Medical Attendant, or other person who makes this Return, Matilda Johnson
 Address, 1408 Bruce St
 Remarks, 11.1

1 8 9 4 0 0 0 3 6 5 4

RETURN OF A BIRTH. 56 916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Wednesday June 20 1894*

4. Place of Birth, (Street and Number) *No 1035 Compton Street*

5. Full Name of Mother, *Kate Meichel*

6. Mother's Maiden Name, *Kate Hoffmann*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Meichel*

9. Father's Occupation *Show Case Worker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Catharine Hornung*

Address, *No 1577 Byrd Street*

Remarks, *1 8 9 4 0 0 0 3 6 5 5*

Any sick person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56 917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any and every person who shall be guilty of any offence in violation of the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) = 6 st

1. Sex, (state whether male or female) = Male

2. Race or Color, (if not of the white race) = White

3. Date of Birth, = Friday June 22, 1894

4. Place of Birth, (Street and Number) = No 421 McKage St

5. Full Name of Mother, = Barbara Schewrich

6. Mother's Maiden Name, = Barbara Holzheimer

7. Mother's Birthplace, = Germany

8. Full Name of Father, = August Schewrich

9. Father's Occupation, = Laborer

10. Father's Birthplace, = Germany

Name of Medical Attendant, or other person who makes this Return, = Catherine Horning

Address, = No 1517 Byrd Street

Remarks, = 1 8 9 4 0 0 0 3 6 5 6

RETURN OF A BIRTH. 56918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 23^d 1914
 4. Place of Birth, (Street and Number) 1411 W Lombard St
 5. Full Name of Mother, Leah Brown
 6. Mother's Maiden Name, Pledge
 7. Mother's Birthplace, Richmond Va
 8. Full Name of Father, Wm L. Brown
 9. Father's Occupation, Machinist
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Thomas Osie M.D.
 Address, 219 W Monument St
 Remarks, 18940003657

Each report is subject to the Commissioner of Health, in the manner and within the period above required, and any such report or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56919

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

June 23/94

4. Place of Birth (Street and Number)

1837 1/2 Charles St-

5. Full Name of Mother

Hester E. Moxley

6. Mother's Maiden Name

Hester E. Bowen

7. Mother's Birthplace

Calvert Co Md

8. Full Name of Father

John H. Moxley

9. Father's Occupation

R. R. Fireman

10. Father's Birthplace

Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return.

E. Michener M.D.

Address

407 Sharp St-

Remarks

18940003658

RETURN OF A BIRTH.

56920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 2, 2d 1894
4. Place of Birth, (Street and Number) 907 Elm Street
5. Full Name of Mother, Lucy Collins Ross
6. Mother's Maiden Name, Lucy Collins
7. Mother's Birthplace, King Geo Green Co., Va.
8. Full Name of Father, Wm H. Ross
9. Father's Occupation, Stevord
- Father's Birthplace, Charleston S.C.
- Name of Medical Attendant, or other person who makes this Return, Amelia Johnson
- Address, 10 2 1/2 Park Ave.
- Remarks, _____

18940003659

RETURN OF A BIRTH. 56921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child.*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 23rd 1894*
 4. Place of Birth, (Street and Number) *#510 S. Patterson Pk. Ave.*
 5. Full Name of Mother, *Annie Schuke.*
 6. Mother's Maiden Name, *Annie Weitzel.*
 7. Mother's Birthplace, *Germany.*
 8. Full Name of Father, *Fredrick Schuke.*
 9. Father's Occupation, *Spivator*
 10. Father's Birthplace, *Germany.*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary M. Taylor.*
 Address, *#615 S. Patterson Pk. Ave.*
 Remarks, *18940003660*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 56922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 26th
4. Place of Birth, (Street and Number) 1620 Mullikin st.
5. Full Name of Mother, Sarah Bantum
6. Mother's Maiden Name, Sarah Reid
7. Mother's Birthplace, Essex Virginia.
8. Full Name of Father, Esiah Bantum.
9. Father's Occupation, driver of coal cart.
Father's Birthplace, Summer set county Md.
Name of Medical Attendant, or other person who makes this Return, Dr William Harris
Address, Mary E Stewart 1416 Jefferson st
Remarks, 1131 East Lexington 45003661

to report the birth to the Commissioner of Health, in the manner and within the period as required, and
any person who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~from~~ of the white race)

3. Date of Birth, June 26th 1894.

4. Place of Birth, (Street and Number) 236 W. Lawrence St.

5. Full Name of Mother, Lucy Randolph Bantley.

6. Mother's Maiden Name, Daniel

7. Mother's Birthplace, Richmond, Virginia.

8. Full Name of Father, Richard Kingman Bantley.

9. Father's Occupation, Real Estate.

10. Father's Birthplace, Broughton, England.

Name of Medical Attendant, or other person who makes this Return, Eldridge C. Rice, M.D.

Address, 953 Madison Ave.

Remarks, 18940003662

RETURN OF A BIRTH.

56924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *This is the (2) one*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *from the 26th 1894*
4. Place of Birth, (Street and Number) *at 214 W. Cross st*
5. Full Name of Mother, *Ann Slater*
6. Mother's Maiden Name, *Ann Foster*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Frank Slater*
9. Father's Occupation, *Saloon Keeper*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Maggie A. Wilkerson*
- Address, *1111 N. E. St*
- Remarks, *18940003663*

RETURN OF A BIRTH.

57925-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

June 26, 94

4. Place of Birth, (Street and Number).

2015 McKim's Ave.

5. Full Name of Mother,

Mrs. Maggie Ough Callis

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Chas. Callis

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

D. B. Hefner

Address,

Union Square

Remarks,

8940003664

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and the cost above required, and

RETURN OF A BIRTH.

56926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 26 - 1894
4. Place of Birth, (Street and Number) 20 N. Eden St
5. Full Name of Mother, Mary Agnes Kelly
6. Mother's Maiden Name, Chase
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Kelly
9. Father's Occupation, Laborer
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes the Return, Mary Stein
- Address, 1427 E. Pratt St.
- Remarks,

18940003665

RETURN OF A BIRTH. 56924 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

2. Sex, (state whether male or female)

female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

26 June

5. Place of Birth, (Street and Number)

1162 Columbia Ave

6. Full Name of Mother,

Annice Albright

7. Mother's Maiden Name,

Annice Arendorf

8. Mother's Birthplace,

72 York Street

9. Full Name of Father,

Rose Albright

10. Father's Occupation,

Teamster

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs. Rance

Address,

1162 York St

Remarks,

8440003666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 26th of Aug. 94
 4. Place of Birth, (Street and Number) 1414 Lombard St.
 5. Full Name of Mother, Lena Schenfelder
 6. Mother's Maiden Name, Lena Fischer
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Henry Schenfelder
 9. Father's Occupation, Labo
 Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife
 Address, 2116 10. Pratt St.
 Remarks, 18940003667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Card to report the birth of every child born in Baltimore City, and to file the same in the office of the Registrar of Vital Statistics, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 26, 1894.

4. Place of Birth, (Street and Number)

240 Cedar av.

5. Full Name of Mother,

Bridget L. Kelly.

6. Mother's Maiden Name,

Marlin.

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

James M. Kelly.

9. Father's Occupation

Labour.

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other person who makes this return,

Chas. H. Mitchell M.D.

Address,

291 Chestnut av.

Remarks,

18940003668

GIVEN NAME ADDED - 1/12/69

RETURN OF A BIRTH. 56930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth Catherine LaBarrer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1
Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

June 26, 1894.

3. Date of Birth,

4. Place of Birth, (Street and Number)

317 Roland av.

5. Full Name of Mother,

Mary H. LaBarrer.

6. Mother's Maiden Name,

Stevens.

7. Mother's Birthplace,

Md.

8. Full Name of Father,

Francis H. LaBarrer.

9. Father's Occupation

Clergyman.

10. Father's Birthplace,

Md.

Name of Medical Attendant, or other person who makes this Return,

Oliver H. Mitchell M.D.

Address,

291 Chestnut av.

Remarks,

18940003669

child to report its birth to the Commissioner of Health, in the manner and within the period above requiring, and any such person or persons who fail to do so shall hereafter fail to comply with the provisions of this act, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56 931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, June 27 1894
4. Place of Birth, (Street and Number) 417 N. Chester St
5. Full Name of Mother, Mary Dressel
6. Mother's Maiden Name, Kloegel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elias Dressel
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mary Stein
- Address, 1427 E. Pratt St.
- Remarks, _____

1 8 9 4 0 0 0 3 6 7 0

any such person or persons who elicit hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56 960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 29 of June 1894

4. Place of Birth, (Street and Number) 1030 Grant St

5. Full Name of Mother, Caroline Ling

6. Mother's Maiden Name, Larson

7. Mother's Birthplace, Germany

8. Full Name of Father, George Ling

9. Father's Occupation, Shipyard

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Brown

Address, 1107 G. Washington St

Remarks, 18940003671

RETURN OF A BIRTH. 56932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 27/94

4. Place of Birth, (Street and Number) 735 8 Ave St

5. Full Name of Mother, Bertha Whittie

6. Mother's Maiden Name, Bertha Hoys

7. Mother's Birthplace, Balt

8. Full Name of Father, Henry Whittie

9. Father's Occupation, Plot Keeper

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, May B. Pango

Address, 1903 South St

Remarks,

18940003672

RETURN OF A BIRTH. 56933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 27 1894*

4. Place of Birth, (Street and Number) *20 W Baltimore St*

5. Full Name of Mother, *Mrs Maria Foster Thomas*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Dr. C. Foster*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Md*

Name of Medical Attendant, or other person who makes this Return, *J. B. Williams*

Address, *Union Square*

Remarks, *18940003673*

RETURN OF A BIRTH.

56934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940003674

RETURN OF A BIRTH. 56935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

2. Sex, (state whether male or female) *Male*

3. Race or Color, (if not of the white race) *Color*

4. Date of Birth, *th 28 of June 1874*

5. Place of Birth, (Street and Number) *Bethel St No 130*

6. Full Name of Mother, *Charlotte Johnson*

7. Mother's Maiden Name, *Charlotte Francis*

8. Mother's Birthplace, *Baltimore Md*

9. Full Name of Father, *William J Johnson*

10. Father's Occupation, *Farmer*

11. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Lucien Cooper*

Address, *123 Church St*

Remarks, *1874 9 4 Rem 36 7 5*

RETURN OF A BIRTH. 56936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2

1. Sex, (state whether male or female)... Female

2. Race or Color, (if not of the white race)... Black

3. Date of Birth... June 28 1884

4. Place of Birth, (Street and Number)... 1820 Spring Street

5. Full Name of Mother... Lila Howard

6. Mother's Maiden Name... Ferguson

7. Mother's Birthplace... U.C.

8. Full Name of Father... Benjamin Howard

9. Father's Occupation... Laborer

10. Father's Birthplace... Baltimore

Name of Medical Attendant, or other person who makes this Return... J. J. Young, Westbrook, Md.

Address... 227 Cornish Ave

Remarks... 1884 4 0 0 0 3 6 7 6

to report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be fined to the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Given name added 6-23-55
RETURN OF A BIRTH. 56937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- Alan Benjamin Samuel*
First -
1. Sex, (state whether 1st, 2d, 3d, &c.) *Male*
2. Race or Color, (if not of the white race) *White (Hebrew)*
3. Date of Birth, *Thursday June 28th 94. (2.30 Pm)*
4. Place of Birth, (Street and Number) *903. Penn Ave*
5. Full Name of Mother, *Hannah Samuels*
6. Mother's Maiden Name, *Hannah Bornheim*
7. Mother's Birthplace, *Wisconsin*
8. Full Name of Father, *Benj. Samuels*
9. Father's Occupation, *Butcher*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Dr. W. H. ...*
- Address, *116 W. ...*
- Remarks, *18940003677*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

One

56 938

1 Helen Ella Lait

female

White

June the 2nd 1894

Schmiedel St 2-27

Mary J. Lait

Mary J. Fitzgibbons

in land

Frederick J. Lait

Frederick J. Lait

Painter

Baltimore

Mrs. J. S. Sells

No 19-22 Milburn Ave

18940003678

RETURN OF A BIRTH.

56939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Gottlieb Boerner

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 28th 1894

4. Place of Birth, (Street and Number)

717 Calvin Place

5. Full Name of Mother,

Jessie Boerner

6. Mother's Maiden Name,

Jessie Verburg

7. Mother's Birthplace,

Holland

8. Full Name of Father,

Henry Boerner Jr.

9. Father's Occupation,

Dinner

Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other person who makes this Return,

W. Wilmer Boerner, M.D.

Address,

S. W. Cor. Calvert & Annapolis Sts.

Remarks,

18940003679

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *number 1*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *the 2d June, 1894*
4. Place of Birth, (Street and Number) *Leath Street 120*
5. Full Name of Mother, *Emiline Thompson*
6. Mother's Maiden Name, *Emiline Slater*
7. Mother's Birthplace, *Madison County, Md.*
8. Full Name of Father, *John Thompson*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Susan Foster*
- Address, *123 Dearham St*
- Remarks, *no remarks*

0003680

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Goldye Rose Levine

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7.

W.

June 28. 1894

266. N. E. St.

Roy Levine.

Foodman.

London England

Isaac A. Levine

Tailor

Russia

Asper Whiteland M.D. etc.

6. S. E. St. St.

18940007681

RETURN OF A BIRTH. 56942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race).
3. Date of Birth.
4. Place of Birth. (Street and Number).
5. Full Name of Mother.
6. Mother's Maiden Name.
7. Mother's Birthplace.
8. Full Name of Father.
9. Father's Occupation.
10. Father's Birthplace.
11. Name of Medical Attendant.
12. Address.
13. Remarks.

5
Female
Color
June 28th 1894
317 King St
Georganna House
Georganna Bailey
Virginia
John House
Favor
Virginia
Mrs Charlotte Williams
710 Leaden - 2nd St

or other person who makes this Return.

56940003682

RETURN OF A BIRTH. 56943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Child
 1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White Race
 3. Date of Birth, Born June 28th 1894
 4. Place of Birth, (Street and Number) # 404. S. Payson St
 5. Full Name of Mother, Mrs. Louisa. Grammer
 6. Mother's Maiden Name, Miss " Smith
 7. Mother's Birthplace, Balto City
 8. Full Name of Father, George. Grammer
 9. Father's Occupation, Labor
 10. Father's Birthplace, Bayern. Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller
 Address, # 2127 W. Pratt St
 Remarks,

18940003683

GIVEN NAME ADDED 9-14-59
RETURN OF A BIRTH.

56944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Chester Mansfield Fortune

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 28, 1894

4. Place of Birth, (Street and Number) Balto City Belt St

5. Full Name of Mother, Lacey Fortune

6. Mother's Maiden Name, Lacy Jefferson

7. Mother's Birthplace, Va

8. Full Name of Father, Westley Fortune

9. Father's Occupation, Laborer

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Mrs Emily Baile

Address, No 8 Galv St Waverly Balto City

Remarks,

18940003684

RETURN OF A BIRTH. 56945-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28th of June 94

4. Place of Birth, (Street and Number)

2104 W. Henry St.

5. Full Name of Mother,

Mina Bejer

6. Mother's Maiden Name,

Mina Amrin

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Martin Bejer

9. Father's Occupation,

Barber

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Friederike Hecker Midwife

Address,

2116 W. Pratt St.

Remarks,

18940003685

RETURN OF A BIRTH.

56946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

If any person or persons who shall neglect or fail to comply with the provisions of this section shall be sub-
 jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

III

Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

June 28. 94

4. Place of Birth, (Street and Number)

38 South Eden

5. Full Name of Mother,

Mary Ester

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harry H. Arthur M.D.

Address,

622 W. Lombard St.

Remarks, —

18940003686

RETURN OF A BIRTH 56947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

56

Female

White

June 18 1894

West Baltimore

Mary Klenck

Henry Klenck

Ed. Hallard M.D.

Imported German

56947

the Commissioner of Health, in the Registrar and within the period of six months after the date of the birth, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56948 8

GIVEN NAME ADDED 8-3-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Franklin Robinson

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, June 29th, 1894

4. Place of Birth, (Street and Number) No 1138 Bowhen St;

5. Full Name of Mother, Annie E. Robinson,

6. Mother's Maiden Name, Seniors,

7. Mother's Birthplace, Balto. City

8. Full Name of Father, William H. Robinson,

9. Father's Occupation, Plumber

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return.

Address, No 724 Columbia Ave,

Remarks, 18940003688

any and all persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall report its birth to the Commissioner of Health in the manner and within the period above required, and shall be subject to the same penalties as are provided for in the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

June 29/94

5. Place of Birth, (Street and Number)

1702 W Baltimore St

6. Full Name of Mother,

Lulu Williams

7. Mother's Maiden Name,

Thompson

8. Mother's Birthplace,

Cornell Co. Md

9. Full Name of Father,

Lyson Williams

10. Father's Occupation

Electrician

11. Father's Birthplace,

Cornell Co Md.

Name of Medical Attendant, or other person who makes this return,

M. H. Gartner M.D.

Address,

1800 W Baltimore St.

Remarks,

18940003609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *56950*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 29/94*
 4. Place of Birth, (Street and Number) *712 Jefferson St. Havens*
 5. Full Name of Mother, *Mattie L. Foster*
 6. Mother's Maiden Name, *Mattie L. Lurey*
 7. Mother's Birthplace, *Scholarville Virginia*
 8. Full Name of Father, *Frank K. Foster*
 9. Father's Occupation, *Plumber*
 10. Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other person who makes this Return, *A. G. Haddon*
 Address, *1304 N. Central Ave.*
 Remarks, *18940003690*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56 951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29th of June 94*
4. Place of Birth, (Street and Number) *115 S. Fairson St.*
5. Full Name of Mother, *Kathe Hermann*
6. Mother's Maiden Name, *Kathe Dümmling*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *John L. Hermann*
9. Father's Occupation, *Blacksmith*
- Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *Friederike Heuler midwife*
- Address, *2116 W. Pratt St.*
- Remarks, *8940003691*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9d*
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, *June 29. (2nd 30 afternoon)*
4. Place of Birth, (Street and Number) *2128 Cambridge Street near*
5. Full Name of Mother, *Ababella Clark Burns. Wimbrowts.*
6. Mother's Maiden Name, *Clark*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Alexander Burns*
9. Father's Occupation, *Cannemaker*
- Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Mr. M. Kanne, from the*
- Address, *Loring Dispensary, 614 S. Charles Street.*
- Remarks, *18920003693*

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29th. 1894
4. Place of Birth, (Street and Number) 1110 N. Hopkins Ave
5. Full Name of Mother, Hannah M. McAlister
6. Mother's Maiden Name, Hannah M. Eick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel McAlister
9. Father's Occupation, Stone Cutter
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Wilmer Bennett, M.D.
- Address, S.W. Cor, Calvert & Preston St
- Remarks, 18940003694

RETURN OF A BIRTH. 56953-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Child
 1. Sex, (state whether male or female) Girl
 2. Race or Color, (if not of the white race) White Race
 3. Date of Birth, Born June 29th 1894
 4. Place of Birth, (Street and Number) #26. Hollins St
 5. Full Name of Mother, Mrs. Lena. Stamm
 6. Mother's Maiden Name, Miss. Weis
 7. Mother's Birthplace, Balto City
 8. Full Name of Father, Chas. Stamm
 9. Father's Occupation, Butcher
 Father's Birthplace, Hamburg, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Miller
 Address, #2127 W. Pratt St
 Remarks, 1 2 4 4 0 0 0 3 6 9 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the line of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29th June 1894

4. Place of Birth, (Street and Number) Weber St. No. 118

5. Full Name of Mother, Francis Beraz

6. Mother's Maiden Name, Gondas

7. Mother's Birthplace, Germany

8. Full Name of Father, Wenzel Beraz

9. Father's Occupation, Wool Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, _____

Address, Harold Schrag Ind. Bldg. N. 424

Remarks, 8940003696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th of June 94
4. Place of Birth, (Street and Number) 429 Pacific St.
5. Full Name of Mother, Carolina Wietzgetrowski
6. Mother's Maiden Name, Carolina Kietowich
7. Mother's Birthplace, Pole
8. Full Name of Father, Friederich Wietzgetrowski
9. Father's Occupation, Laborer
- Father's Birthplace, Pole
- Name of Medical Attendant, or other person who makes this Return, Friederike Heuser Midwife
- Address, 2116 W. Pratt St.
- Remarks, 18940003697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Persons who fail to report the birth to the Commissioner of Health, in the manner provided for in this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

127

18940003698

June 29th 1894
 200 Goodman St
 Mary Williams
 " Kent County Md
 Frank Williams
 Laborer
 Snow Hill Md
 Margreth Sprigg
 127 Winter Street Baltimore

12th
 Madley
 Md

RETURN OF A BIRTH. 56 959 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *7*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 29. 94*

4. Place of Birth, (Street and Number) *1814 W Franklin St*

5. Full Name of Mother, *Sizzie Wakefield*

6. Mother's Maiden Name, *" Brooke*

7. Mother's Birthplace, *PA*

8. Full Name of Father, *Antonio Wakefield*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other person who makes this Return, *J. M. Bradley M.D*

Address, *1009 E. Edwards Ave*

Remarks, *1 8 9 4 0 0 0 3 6 9 9*

RETURN OF A BIRTH. 56 968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Cahed
3. Date of Birth, June the 29
4. Place of Birth, (Street and Number) 456 1/2 Maple Avenue
5. Full Name of Mother, Donne Taylor
6. Mother's Maiden Name, Donna Sheppard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Taylor
9. Father's Occupation, Baltimore
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Marshall Jane Wilson
- Address, 124 West Cherry St
- Remarks, full 9 months

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Female

Color

June 29th 1894

619 S. Howard St

Olivia Pitts

Olivia Crosby

Baltimore Md

James Pitts

Labor

Baltimore Md

Mrs Charlotte William

710 Leaden - Hall St

18940003701

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable,
and in report, no facts to the Commissioner of Health, in the manner and within the period above required, and

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 June
4. Place of Birth, (Street and Number) 718 Cal. St.
5. Full Name of Mother, Maggie Schuster
6. Mother's Maiden Name, Winegrad
7. Mother's Birthplace, Ball
8. Full Name of Father, John Schuster
9. Father's Occupation, Teacher
10. Father's Birthplace, Ball
- Name of Medical Attendant, or other person who makes this Return, Anna Walker
- Address, 728 N. Cal. St.
- Remarks, 18940003702

RETURN OF A BIRTH. 56971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29 1894
4. Place of Birth, (Street and Number) 1625 Race St
5. Full Name of Mother, Agnes Wacker
6. Mother's Maiden Name, Agnes Wacker
7. Mother's Birthplace, France
8. Full Name of Father, Otto Wacker
9. Father's Occupation, conductor
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson
- Address, 1434 Patuxco St
- Remarks, 56940003703

Any small person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

56972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born June 29th 1894

4. Place of Birth, (Street and Number)

201 Frederick Ave

5. Full Name of Mother,

Mrs Bertha Rimback

6. Mother's Maiden Name,

Meiss " Witsko

7. Mother's Birthplace,

Prison Germany

8. Full Name of Father,

George Rimback

9. Father's Occupation,

Saloon

Father's Birthplace,

Balto City

Name of Medical Attendant, or other person who makes this Return,

Mrs. Miller

Address,

2127 W. Pratt St

Remarks,

1 5 9 4 0 0 3 7 0 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.)

4th
Male

1. Sex; (state whether male or female)

2. Race or Color; (if not of the white race)

3. Date of Birth,

30th June 1894

4. Place of Birth; (Street and Number)

Mariners Row
Martina Gass

5. Full Name of Mother,

Sable
Baltimore

6. Mother's Maiden Name,

Julius Gass
Lahore

7. Mother's Birthplace,

8. Full Name of Father,

Baltimore

9. Father's Occupation,

Elizabeth Jewell

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

436 E Front Ave

Address,

Remarks,

18940003705

within the period above required, except in the cases of the births any persons who fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

56974

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 30/94

4. Place of Birth (Street and Number)

916 Druid Hill Ave.

5. Full Name of Mother

Maggie Hoffman

6. Mother's Maiden Name

7. Mother's Birthplace

Balto.

8. Full Name of Father

Geo. A. Hoffman

9. Father's Occupation

Shoe-maker

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Wm B. Rider

Address

567 Harlem Ave.

Remarks.

18940003706

RETURN OF A BIRTH. 56975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Joseph Friedrich Kaufmann*

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *June 30th 1894*

4. Place of Birth, (Street and Number) *# 116 W. West st*

5. Full Name of Mother, *Lora Kaufmann*

6. Mother's Maiden Name, *Woodruff*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *Fredrick Kaufmann*

9. Father's Occupation *Railroader*

10. Father's Birthplace, *Balto Md Railroader*

Name of Medical Attendant, or other person who makes this Return *Caroline Moore*

Address, *# 49 W. West st Balto Md*

Remarks, *+ 6 - 4 0 0 0 3 7 0 7*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth, 30th of June

4. Place of Birth, (Street and Number) No 33 Maple St

5. Full Name of Mother, Lizzie Hall

6. Mother's Maiden Name, Greenold

7. Mother's Birthplace, Balt

8. Full Name of Father, Otto Hall

9. Father's Occupation, Mechanic

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, ...

Remarks, ...

10440003708

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health in the manner and within the period above required, and
 person or persons who shall hereafter fail to comply with the provisions of this section shall be
 liable to the fine of ten (\$10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 3rd 1921

4. Place of Birth, (Street and Number) 323 1/2 E. 1st St. Ave. near B. & O.

5. Full Name of Mother, Meta Bodley

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Bodley

9. Father's Occupation, Iron Store - Welder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. T. F. Johnson

Address, 225 1/2 Pal. Mkt. Ave.

Remarks, _____

1 8 9 4 0 0 0 3 7 0 9

RETURN OF A BIRTH. 56978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 30th. 1894
 4. Place of Birth, (Street and Number) 1132 Barclay St
 5. Full Name of Mother, Mary E. Kline
 6. Mother's Maiden Name, Mary E. Kelley
 7. Mother's Birthplace, Balt. Md
 8. Full Name of Father, Jos. G. Kline
 9. Father's Occupation, Fireman. N. C. R. Road
 10. Father's Birthplace, Balt. Md
 Name of Medical Attendant, or other person who makes this Return, Wilmer Brimton, M.D.
 Address, S.W. Cor. Calvert & President Sts.
 Remarks,

18940003710

RETURN OF A BIRTH. 56979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *June 30 1894*
4. Place of Birth, (Street and Number) *313 N. Pine St.*
5. Full Name of Mother, *Wm. Cooney*
6. Mother's Maiden Name, *Wm. Cooney*
7. Mother's Birthplace, *City*
8. Full Name of Father, *George A. Cooney*
9. Father's Occupation, *City*
- Father's Birthplace, *City*
- Name of Medical Attendant, or other person who makes this Return, *J. B. Cooney*
- Address, *420 N. Pine St.*
- Remarks, *8940003711*

GIVEN NAME ADDED 12-11-51

RETURN OF A BIRTH

56980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Milton W. Whalen*

32

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 20th 3:40 A.M., 1894

4. Place of Birth, (Street and Number)

889 W. Lombard St.

5. Full Name of Mother,

Elizabeth Whalen

6. Mother's Maiden Name,

Brunnall

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Stephen Whalen

9. Father's Occupation,

Printer

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

J. D. Lybark

Address,

1214 Linden Ave.

Remarks,

1 8 4 4 0 0 0 3 7 1 2

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) _____ female

2. Race or Color, (if not of the white race) _____ white

3. Date of Birth, _____ 30th of June 94

4. Place of Birth, (Street and Number) _____ 17 Stanton St

5. Full Name of Mother, _____ Barbara Eichner

6. Mother's Maiden Name, _____ Barbara Lemmermann

7. Mother's Birthplace, _____ Balto

8. Full Name of Father, _____ Alfred Eichner

9. Father's Occupation, _____ Butcher

● Father's Birthplace, _____ Balto

Name of Medical Attendant, or other person who makes this Return, _____ Friederike Heuler Midwife

Address, _____ 2116 W. Pratt St

Remarks, _____

8940003713

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

56982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 June
4. Place of Birth, (Street and Number) 1333 Stoken St
5. Full Name of Mother, Lorraine Petters
6. Mother's Maiden Name, Lorraine Menle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Tomas Petters
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Miss Donley
Address, 1635 Walsh St
Remarks, 10940003714

Any health officer or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 30th

4. Place of Birth, (Street and Number)

No. 618 N. Castle St.

5. Full Name of Mother,

Elizabeth Zink

6. Mother's Maiden Name,

McRath Zink

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Philip Zink

9. Father's Occupation,

Fishing Horse

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Wm. L. Jones.

Address,

1907 E. Monument St.

Remarks,

18940003715

RETURN OF A BIRTH.

56984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, June 30 - 1894
4. Place of Birth, (Street and Number) 39 N. Eden St.
5. Full Name of Mother, Maggie Eliot
6. Mother's Maiden Name, Welf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac Eliot
9. Father's Occupation, Fireman
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, Mary Stein
- Address, 1427 E. Pratt St.
- Remarks, _____

8940003716

RETURN OF A BIRTH.

56985-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Registrar of Births, in the manner and within the period above required, and
 who shall hereafter fail to comply with the provisions of this section shall be sub-
 jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, June 30th 1894

4. Place of Birth, (Street and Number) No. 714. L. Monument St

5. Full Name of Mother, Kate Herring

6. Mother's Maiden Name, Roy

7. Mother's Birthplace, Cal. Cal. Va.

8. Full Name of Father, John Herring

9. Father's Occupation, Head Waiter

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Fannie Myers

Address, No. 713 Little Monument St City

Remarks, 18940003717

RETURN OF A BIRTH 56986

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st.
1. ☒ (state whether male or female) 7
2. Race or Color. (if not of the white race) W
3. Date of Birth, June 30-84
4. Place of Birth, (Street and Number) 1124 E Lexington St
5. Full Name of Mother, Fannie Levin
6. Mother's Maiden Name, Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Lenden
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
Name of Medical Attendant, or other Person who makes this Return, Albert Lichtenfeld M.D.
Address, 6. S. Enoch St.
Remarks,

3 2 4 0 0 3 7 1 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section of the law shall be liable to a fine of ten (10) dollars for each offence, to be recovered as often as may be necessary, and the same shall be recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....4

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race).....W

3. Date of Birth.....June 30

4. Place of Birth, (Street and Number).....214 Ramsey St

5. Full Name of Mother.....Mary Kennedy

6. Mother's Maiden Name....." Murphy

7. Mother's Birthplace.....Baltimore

8. Full Name of Father.....Robert Kenney

9. Father's Occupation.....Garage Driver

10. Father's Birthplace.....Baltimore

Name of Medical Attendant, or other person who makes this Return.....Mrs. M. Morgan

Address.....412 Scott St

Remarks.....10440003719

RETURN OF A BIRTH. 56988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered in other then and foreclosures are recoverable.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 30th, 1894

4. Place of Birth, (Street and Number) 1122 N. Mount St.

5. Full Name of Mother, Ethel Thompson

6. Mother's Maiden Name, Ethel Baswell

7. Mother's Birthplace, Richmond, Va.

8. Full Name of Father, Wm. Thompson

9. Father's Occupation, Painter

Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, J. Oliver Hendrix, M.D.

or other person who makes this Return.

Address, Md. Hon. Hospital, 1122 N. Mount St.

Remarks, 1 8 9 4 0 0 0 7 2 0

RETURN OF A BIRTH.

56989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940003721

any case persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 30 - 1894

4. Place of Birth, (Street and Number)

904 Eastern Ave.

5. Full Name of Mother,

Fredericka Exter

6. Mother's Maiden Name,

Schaefer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Ernest Exter

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mary Stein

Address.

1427 E. Pratt St.

Remarks,

18940003722

Subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 30/94

4. Place of Birth, (Street and Number) 714 S. Port str.

5. Full Name of Mother, Mina Voit

6. Mother's Maiden Name, " Schoen

7. Mother's Birthplace, Germany

8. Full Name of Father, Leopold Voit

9. Father's Occupation, Stevendore

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough str.

Remarks, _____

1 8 9 4 0 0 0 3 7 2 3

RETURN OF A BIRTH. 56992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female.) Boy

2. Race or Color, (if not of the white race.) White

3. Date of Birth, June 30th 1894

4. Place of Birth, (Street and Number) 407 N Washington St

5. Full Name of Mother, Maggie Zernmer

6. Mother's Maiden Name, Zernmer

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Zernmer

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Messrs. Kaptan

Address, 205 N Washington St

Remarks, 18940003724

Noted to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
- 1. Sex, (State whether male or female) Male
- 2. Race or color, (if not of the white race) White
- 3. Date of Birth, Jan 30
- 4. Place of Birth, (Street and Number) 816 Warrington st
- 5. Full Name of Mother, Mary Tortoise
- 6. Mother's Maiden Name, Mary Arigo
- 7. Mother's Birthplace, Italy
- 8. Full Name of Father, Augustine Tortoise
- 9. Father's Occupation, Cook
- 10. Father's Birthplace, Italy
- Name of Medical Attendant, or other person who makes this Return. Mrs. Ginnison
- Address, 18940003725
- Remarks,

If the child is not a resident of Baltimore City, the birth must be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth. If the child is a resident of Baltimore City, the birth must be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth. If the child is not a resident of Baltimore City, the birth must be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56994

Persons who fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *30 of June*
4. Place of Birth, (Street and Number) *238 Belknap St*
5. Full Name of Mother, *Josephine Lucas*
6. Mother's Maiden Name, *J. M. Cooper*
7. Mother's Birthplace, *Danvers, Mass.*
8. Full Name of Father, *Daniel Lucas*
9. Father's Occupation, *Colonel*
10. Father's Birthplace, *Princeton, N.J.*
- Name of Medical Attendant, or other person who makes this Return, *Mary Mather*
- Address, *11 W. 4th St.*
- Remarks, *full time*

8440003726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d of 3^d.

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

June 30, 1894.

Place of Birth, (Street and Number)

3048 Cedar ave.

Full Name of Mother,

Rena Rotin

Mother's Maiden Name,

Lloyd.

Mother's Birthplace,

Washington, D.C.

Full Name of Father,

Jefferson D. Rotin.

Father's Occupation

Railroader.

Father's Birthplace,

Ind.

Name of Medical Attendant, or other person who makes this Return.

Chas. A. Mitchell M.D.

Address,

291 Chestnut ave.

Remarks,

Living.

18940003727

any person who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56 996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

If the child is a female, the name of the mother and the name of the father are recoverable.

1. Sex, (state whether 1st, 2d, 3d, &c.)

First
male
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 30 - 94

4. Place of Birth, (Street and Number)

2109 Hancock St

5. Full Name of Mother,

Ida Campbell

6. Mother's Maiden Name,

Ida

7. Mother's Birthplace,

New Jersey

8. Full Name of Father,

Henry Campbell

9. Father's Occupation,

glass blown

10. Father's Birthplace,

New Jersey

Name of Medical Attendant, or other person who makes the Return,

Joseph Blum M.D.

Address,

41 Columbia St

Remarks,

56 940 003 728

GIVEN NAME ADDED. 3-20-57
 RETURN OF A BIRTH.

56997

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Paul Windom Sutton 6th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 194

4. Place of Birth (Street and Number)

11 Dryid Hill Ave.

5. Full Name of Mother

Elizabeth Sutton

6. Mother's Maiden Name

S. Dobler

7. Mother's Birthplace

Balto.

8. Full Name of Father

Jno. R. Sutton

9. Father's Occupation

Merchant

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Wm B. Rider

Address

867 Harlem Ave.

Remarks

18940003729

RETURN OF A BIRTH.

56998

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 19th
4. Place of Birth (Street and Number) E. Baltimore + Market St.
5. Full Name of Mother Lulu McManis
6. Mother's Maiden Name Abell
7. Mother's Birthplace Balt.
8. Full Name of Father Geo. McManis
9. Father's Occupation House
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. Wm. B. Rider
- Address 867 Harlem Court
- Remarks.

18940003730

RETURN OF A BIRTH.

36999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. d.

2. Sex, (state whether male or female) _____

3. Race or Color, (if not of the white race) _____

4. Date of Birth, June 1. 11:15 Morning.

5. Place of Birth, (Street and Number) 411 N. Charles Street.

6. Full Name of Mother, Emilia Eliza Lenz.

7. Mother's Maiden Name, Unger.

8. Mother's Birthplace, Baltimore Md.

9. Full Name of Father, George Henry Lenz

10. Father's Occupation, Bookkeeper.

11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mr. Mani Kaus,

Address, 614 N. Charles Street.

Remarks, 1 8 9 4 0 0 0 3 7 3 1

RETURN OF A BIRTH. 57000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 100 of the Baltimore City Charter, Chapter 100, § 100, provides that any person who neglects to file a return of a birth as required by this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 2nd 1894*
 4. Place of Birth, (Street and Number) *1246 Columbia Ave., Baltimore, Md.*
 5. Full Name of Mother, *Jane Sophia Little*
 6. Mother's Maiden Name, *Jane Sophia Keller*
 7. Mother's Birthplace, *Fredrick City, Md.*
 8. Full Name of Father, *Ephraim Remanway Little, Sr.*
 9. Father's Occupation, *Composer*
 10. Father's Birthplace, *Gettysburg, Adams County, Pa.*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Bangs*
 Address, *711 E. 12th St.*
 Remarks, *10940003732*

RETURN OF A BIRTH. 57001 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5c*

2. Sex, (state whether male or female) *female*

3. Race or Color, (if not of the white race) *White*

4. Date of Birth, *June the 1 18-49*

5. Place of Birth, (Street and Number) *McHenry St No 18-32*

6. Full Name of Mother, *Mary E Howard*

7. Mother's Maiden Name, *Mary E Kraft*

8. Mother's Birthplace, *Pennsylvania*

9. Full Name of Father, *Samuel D. Howard*

10. Father's Occupation, *laborer*

11. Father's Birthplace, *Washington*

12. Name of Medical Attendant, or other person who makes this Return, *Mrs S. Kelley*

13. Address, *No 19-22 W. Thimble*

14. Remarks, *18940003733*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1, 94
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Lombard St.
5. Full Name of Mother, Valie Walker
6. Mother's Maiden Name, Valie Walker
7. Mother's Birthplace, North Carolina
8. Full Name of Father, X
9. Father's Occupation, X
10. Father's Birthplace, X
- Name of Medical Attendant, or other person who makes this Return, Alfred J. Lumsden, M.D.
- Address, Maternity Hos. Hospital
- Remarks, 18940003734

RETURN OF A BIRTH. 57003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *W.*
3. Date of Birth, *June 1891*
4. Place of Birth, (Street and Number) *Free Gung. In Hosp. 622 W. Lomb'd St.*
5. Full Name of Mother, *Mellie Evans*
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, *Harvey S. Hickey M.D.*
9. Father's Occupation, *Surgeon Res. Phys.*
10. Father's Birthplace, *622 W. Lomb'd St.*
- Name of Medical Attendant, or other person who makes this Return,
- Address,
- Remarks,

18940005735

For every child born in Baltimore City, the parents or the person who makes this return, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, June 2, 1894

4. Place of Birth, (Street and Number) 347 S. E. St.

5. Full Name of Mother, Est. Cherry

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. J. Cherry

9. Father's Occupation, Car. Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Cherry

Address, 105 Chambers St.

Remarks, _____

1 3 9 4 0 0 0 3 7 3 6

RETURN OF A BIRTH. 57003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Second of June 1894

4. Place of Birth, (Street and Number)

1001 W. Scores st

5. Full Name of Mother,

Miss Lora Lee Adams

6. Mother's Maiden Name,

Miss

White

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Laborance Edmundo Adams

9. Father's Occupation

Blacksmith helper

10. Father's Birthplace,

Friedrich Co Md

Name of Medical Attendant, or other person who makes this Return

Mr. Bange

Address,

711 E. 11th St.

Remarks,

1 6 9 4 0 0 0 3 7 3 7

RETURN OF A BIRTH. 37006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2nd 1894

4. Place of Birth, (Street and Number) 2124 Division

5. Full Name of Mother, Lila May Hooper

6. Mother's Maiden Name, "1"

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph W. Hooper

9. Father's Occupation, Laborer

10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. E. B. St.

Address, 2206 E. St.

Remarks, 18940003738

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and pay a fee of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Euphemia Lawrence

- GIVEN NAME ADDED 6-16-57 77117
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex, (state whether male or female) *Female*
- Race or color, (if not of the white race) *white*
- Date of Birth, *June 2^d 1894*
- Place of Birth, (Street and Number) *1524 Mount St.*
- Full Name of Mother, *Mary E. Lawrence*
- Mother's Maiden Name, *" " Harcum*
- Mother's Birthplace, *Virginia*
- Full Name of Father, *Thomas J. Lawrence*
- Father's Occupation, *Clerk*
- Father's Birthplace, *Canada*
- Name of Medical Attendant, or other person who makes this Return, *E. G. Shower, M.D.*
- Address, *2510 Penna. Ave.*
- Remarks, *18940003739*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalty for non-compliance with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.
 1. Sex, (state whether male or female). Male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 2 June 1894
 4. Place of Birth, (Street and Number) Columbia ave. 1150
 5. Full Name of Mother, Bertha Kratzmeier
 6. Mother's Maiden Name, Bertha Schrapp
 7. Mother's Birthplace, Philippsburg, Baden, Germany.
 8. Full Name of Father, John Kratzmeier
 9. Father's Occupation, Carpenter
 Father's Birthplace, Heilsheim, Baden "
 Name of Medical Attendant, or other person who makes this Return, Mrs. Bangs
 Address, 77 Carroll Street
 Remarks, 18940003740

RETURN OF A BIRTH. over 57009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Milton Outley Wells
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd of Aug 94
4. Place of Birth, (Street and Number) 2023 E. Henry
5. Full Name of Mother, Mary (Wells) Wells
6. Mother's Maiden Name, Marye Beaman
7. Mother's Birthplace, Balto
8. Full Name of Father, John D. (Wells) Wells
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Hawles Midwife

Address, 2116 W. Pratt St.

Remarks, _____

8940003741

RETURN OF A BIRTH. 57110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 3rd

4. Place of Birth, (Street and Number)

921 Gayley St. Baltimore

5. Full Name of Mother,

Mrs. Andrew

6. Mother's Maiden Name,

Maggie Christman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr. Robert Andrew

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs. Lazimann

Address,

1225 Park Street

Remarks,

1 8 9 4 0 0 0 3 7 4 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) *VII*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 3/94*

4. Place of Birth, (Street and Number) *31 S. Castle Str.*

5. Full Name of Mother, *Eva Riring*

6. Mother's Maiden Name, *Herold*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Henry Riring*

9. Father's Occupation, *Coper*

● Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Deimantofel*

Address, *8940 2255 Joseph Str.*

Remarks, *8940 2255 Joseph Str.*

RETURN OF A BIRTH. 57612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 6/3/94

4. Place of Birth, (Street and Number) 3d.

5. Full Name of Mother, Mary Runge.

6. Mother's Maiden Name, Mary Runge.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, John Runge.

9. Father's Occupation, Baker.

10. Father's Birthplace, Bremen Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. B. Runge

Address, 711 Cross Street

Remarks,

18940003744

RETURN OF A BIRTH. 57015 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, June 11

4. Place of Birth, (Street and Number) 1226 Patapsco st

5. Full Name of Mother, Mary Warner

6. Mother's Maiden Name, Mary Hartman

7. Mother's Birthplace, Germania

8. Full Name of Father, Joseph Warner

9. Father's Occupation, Porter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Hinch

Address, 100 Leadenhall Street

Remarks, 1 8 9 4 0 0 0 3 7 4 5

RETURN OF A BIRTH. 57113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Eighth
Female*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 3 - 94

4. Place of Birth, (Street and Number)

1533 N. Caroline

5. Full Name of Mother,

Flora Green

6. Mother's Maiden Name,

Lee

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Robt. D. Green

9. Father's Occupation

Linie Burner

10. Father's Birthplace,

Ma

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary A. Allwell

Address,

1438 N. Bond St

Remarks,

18940003746

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

57614

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 11 - 94

4. Place of Birth, (Street and Number)

1433 E. Eager St

5. Full Name of Mother,

Mary J. Davis

6. Mother's Maiden Name,

Nichol

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Charles H. Davis

9. Father's Occupation

Carpenter

10. Father's Birthplace,

Md

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary W. Allwell

Address,

1438 N. Bond St

Remarks,

1 8 9 4 0 0 0 3 7 4 7

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any person or persons who shall hereafter be convicted of the crime of procuring the birth of a child to report the birth to the Commissioner of Health, in the manner and within the period prescribed in this act, shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3d June

4. Place of Birth, (Street and Number)

512 N. Front St

5. Full Name of Mother,

Joosa Surge

6. Mother's Maiden Name,

Joosa McElroy

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Surge

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other person who makes this Return.

Mrs. J. Spent McElroy

Address,

No. 512 N. Front St.

Remarks,

18940003748

GIVEN NAME ADDED. 9-18-63

RETURN OF A BIRTH. 57615-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna ~~Rosenstein~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 11th of June 94
 4. Place of Birth, (Street and Number) 2521 Christian St.
 5. Full Name of Mother, Bora Rosenstein
 6. Mother's Maiden Name, Bora Weinmitchel
 7. Mother's Birthplace, Pole
 8. Full Name of Father, Carl Rosenstein
 9. Father's Occupation, Tailor
 Father's Birthplace, Pole
 Name of Medical Attendant, or other person who makes this Return, Friederike Hecker Midwife
 Address, 2516 W. Pratt St.
 Remarks,

1 8 9 4 0 0 0 3 7 4 9

Persons who fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 570137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 3/94
 4. Place of Birth, (Street and Number) 1908 Eastern Ave
 5. Full Name of Mother, Ellen King
 6. Mother's Maiden Name, Ellen Burkhardt
 7. Mother's Birthplace, Kent Co Md
 8. Full Name of Father, Geo King
 9. Father's Occupation, Fisherman
 10. Father's Birthplace, Bolton
 Name of Medical Attendant, or other person who makes this Return, Mary E. Pugh
 Address, 1903 Lehigh St
 Remarks,

18940003750

Section to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who report the birth of a child to the Registrar, or who file a certificate of birth, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other person who makes this Return.

8940003751

RETURN OF A BIRTH 57017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *June 3rd 1894*

4. Place of Birth, (Street and Number) *830 N. Kim St*

5. Full Name of Mother. *Margaret Pinsted*

6. Mother's Maiden Name. *O'Neal*

7. Mother's Birthplace. *Ireland*

8. Full Name of Father. *George Joseph Pinsted*

9. Father's Occupation. *laborer*

10. Father's Birthplace. *Ireland*

Name of Medical Attendant, or other Person who makes this return. *Samuel Beck MD*

Address. *314 N. Kent St*

Remarks,

18940603752

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st d.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, June 3, (12 & 30 morning)

4. Place of Birth, (Street and Number) 1717 Patapisc Street near
death

5. Full Name of Mother, Haman, Eliza Collins

6. Mother's Maiden Name, Labree

7. Mother's Birthplace, Leicester County, Va.

8. Full Name of Father, James Westly Collins

9. Father's Occupation, Laborer

10. Father's Birthplace, Caroline County, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Marie Tamm

Address, 614 S. Charles Street

Remarks,

18940003753

feet to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Thomas Jay Fluharty
 of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male 5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 3^d 1894

4. Place of Birth, (Street and Number)

711 McCarrolltown Ave.

5. Full Name of Mother,

Florence Mary Fluharty

6. Mother's Maiden Name,

Florence Mary Matthews

7. Mother's Birthplace,

Iowa

8. Full Name of Father,

Thomas E. Fluharty

9. Father's Occupation,

Li. Photographer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return,

John H. Pennington M.D.

Address,

1716 Linden Ave.

Remarks,

18940003754

jecte. to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57620 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 3/94

4. Place of Birth, (Street and Number) 615 S. Ann str.

5. Full Name of Mother, Ann M. Schroeder

6. Mother's Maiden Name, " " Lauer

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas. F. W. Schroeder

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenbader

Address, 2225 Gough str.

Remarks, _____

RETURN OF A BIRTH. 57021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 3rd 1900

4. Place of Birth, (Street and Number) 48 Grand Ave. Norbury

5. Full Name of Mother, Maria Decker

6. Mother's Maiden Name, Owens

7. Mother's Birthplace, York Pa

8. Full Name of Father, George A. Decker

9. Father's Occupation, Painter

10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return, Chas. E. Sadler

Address, 2000 Grand Ave. N.

Remarks,

18940003756

RETURN OF A BIRTH. 57022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Mar 3. 92

4. Place of Birth, (Street and Number)

614 Doris St

5. Full Name of Mother,

Eleanor Taylor

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Harry G. Miller M.D.
672 W. Lombard St

Address,

Remarks,

RETURN OF A BIRTH. 5702²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *VI*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *May 3. 90*

4. Place of Birth, (Street and Number) *420 Sarah Ann St*

5. Full Name of Mother, *John Knox*

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, -

*H. H. Arthur M.D.
622 W. Lomb St*

8940003758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *W*
- Date of Birth, *June 4th 1894*
- Place of Birth, (Street and Number) *2119 W Lexington St*
- Full Name of Mother, *Margaret C Richards*
- Mother's Maiden Name, *Thurpel*
- Mother's Birthplace, *City*
- Full Name of Father, *Charles T. Richard*
- Father's Occupation, *Brick maker*
- Father's Birthplace, *City*
- Name of Medical Attendant, or other person who makes this Return, *M. H. G. Kelly*
- Address, *1004 W Lexington St*
- Remarks, _____

1 8 9 4 0 0 0 3 7 5 9

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57625-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June the 4-18-94
 4. Place of Birth, (Street and Number) Pratt st 18-25
 5. Full Name of Mother, Ann M. Fuch
 6. Mother's Maiden Name, Ann M. Raley
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, George Fuch
 9. Father's Occupation Barber
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. S. Kelley
 Address, No 19-22 William Ave
 Remarks, 18940003760

RETURN OF A BIRTH. 57026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
 Sex, (state whether male or female).... Female
 Race or Color, (if not of the white race).... White
 Date of Birth, June 4th 94
 Place of Birth, (Street and Number).... 708 Barclay St.
 Full Name of Mother, Amelia Bell
 Mother's Maiden Name, Amelia C. H. H. H.
 Mother's Birthplace, Baltimore
 Full Name of Father, George D. Bell
 Father's Occupation, Clerk
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Dr. J. H. H.
 Address, 400 Cathedral St.
 Remarks,

18940003761

RETURN OF A BIRTH.

57027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 3 7 6 2

Persons who neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first.
 Sex, (state whether male or female) female.
 Race or Color, (if not of the white race) White.
 Date of Birth. 4.50 P.M., June 4, 1894.
 Place of Birth, (Street and Number) 800 S. Charles St.,
 Full Name of Mother, Annie Martha Kirby.
 Mother's Maiden Name, Annie Martha Fischer.
 Mother's Birthplace, Baltimore.
 Full Name of Father, William J. Kirby.
 Father's Occupation, Stone cutter
 Father's Birthplace, Chestertown, Md.
 Name of Medical Attendant, or other person who makes this Return, E. C. Applegarth, M.D.,
 Address, 8 E. Montgomery St.
 Remarks, L.O.A. No pains. Labor instrumental.
No puerperal trouble.
 8 9 4 0 0 0 3 7 6 3

RETURN OF A BIRTH.

57029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 22^d 4th 1894

4. Place of Birth, (Street and Number)

719 Columbia Ave

5. Full Name of Mother,

Mary Moog

6. Mother's Maiden Name,

Mary Heister

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frederick J. Moog

9. Father's Occupation

Merchant

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Wm. Savage

Address,

711 E. 11th St

Remarks,

18940003764

Justified to the due of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 4 - 94

4. Place of Birth, (Street and Number)

1036 N. Central Ave

5. Full Name of Mother,

Lena Broddman

6. Mother's Maiden Name,

" Eckhardt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Louis Broddman

9. Father's Occupation,

Collector

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary A. Allwell

Address,

1438 N. Bond St.

Remarks,

8940003765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

57031

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

Sex, (state whether male or female) a Boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4th of June

4. Place of Birth, (Street and Number) 2125 Hollins street

5. Full Name of Mother, Anna Stegman

6. Mother's Maiden Name, Anna Clarke

7. Mother's Birthplace, Bremen (Germany)

8. Full Name of Father, Conrad Stegman

9. Father's Occupation, Carpenter

10. Father's Birthplace, Bremen (Germany)

Name of Medical Attendant, Anne S. Stone & A.

Address,

Remarks,

8940003766

RETURN OF A BIRTH. 57132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17th

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race). Colored

3. Date of Birth, June 4th 1894

4. Place of Birth, (Street and Number). Hullsville Deep Lane.

5. Full Name of Mother, Mrs Dune Banke

6. Mother's Maiden Name, Miss Annie Banke Collins

7. Mother's Birthplace, Howard Co Md

8. Full Name of Father, Benjamin F Banke

9. Father's Occupation, General Laborer

10. Father's Birthplace, Howard Co MD

Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Marks

Address, Carroll Baltimore City

Remarks,

8940003767

RETURN OF A BIRTH 57033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

June 4th 1894

4. Place of Birth (Street and Number), N. E. Cor Mulberry & Poffleton St.

5. Full Name of Mother,

Betty Wood

6. Mother's Maiden Name,

Betty Standiford

7. Mother's Birthplace,

Balto County Maryland

8. Full Name of Father,

Newton E. Wood

9. Father's Occupation,

Merchant & Dairyman

10. Father's Birthplace,

Balto County, Maryland

Name of Medical Attendant, or other person who makes this Return.

James Beelling M.D.

Address, 1517

Saratoga St.

Remarks,

18940003768

RETURN OF A BIRTH *57034* To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *June 4th 1894*

4. Place of Birth, (Street and Number) *1430 N. North Ave*

5. Full Name of Mother, *Jennie Greenbaum*

6. Mother's Maiden Name, *Jennie Furstenberg*

7. Mother's Birthplace, *Memphis Tenn.*

8. Full Name of Father, *Abraham Greenbaum*

9. Father's Occupation, *Manufacturer Clothing*

10. Father's Birthplace, *New York.*

Name of Medical Attendant, or other person who makes this Return, *C. Hampson Jones*

Address, *211 N. Franklin St.*

Remarks,

1 8 9 4 0 0 0 3 7 6 9

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57035-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June the 4 - 18 - 94

4. Place of Birth, (Street and Number) E. Calhoun St No 25

5. Full Name of Mother, Mary Small

6. Mother's Maiden Name, Mary Hamise

7. Mother's Birthplace, Troy New York

8. Full Name of Father, Louis Small

9. Father's Occupation, Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Sullivan

Address, 17-22 Williams Ave

Remarks,

1 8 9 4 0 0 0 3 7 7 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

June 4th 1894

5. Place of Birth, (Street and Number)

1030 W. Culloch St., Hospital of the Good Samaritan

6. Full Name of Mother,

Hannah Courtney

7. Mother's Maiden Name,

Northrup Mack, Westmoreland Co. Va.

8. Full Name of Father,

Letcher Jewell

9. Father's Occupation

Farmer

10. Father's Birthplace,

Northrup Mack, Westmoreland Co. Va.

Name of Medical Attendant, or other person who makes this Return,

Ida Pollack M. D.

Address,

1030 W. Culloch St.

Remarks,

8940003771

RETURN OF A BIRTH. 57037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 4 98

4. Place of Birth, (Street and Number) 411 Waine St

5. Full Name of Mother, Meggie Wallace

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry G. Miller, M.D.

Address, 5622 W. Lombard St

Remarks,

1 8 9 4 0 0 0 3 7 7 2

Any person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

2936

GIVEN NAME ADDED 2-13-57

RETURN OF A BIRTH. 57038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mamie Ammiter Carter
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 6th 1894*
4. Place of Birth, (Street and Number) *1117 S. Mary St*
5. Full Name of Mother, *Emma L. Carter*
6. Mother's Maiden Name, *Emma L. Elder*
7. Mother's Birthplace, *Philadelphia Pa*
8. Full Name of Father, *Lawrence M. Carter*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Berkeley Springs W. Va.*
- Name of Medical Attendant, or other person who makes this Return, *Max Bunge*
- Address, *41 Elm Street*
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

18940003773

RETURN OF A BIRTH.

57039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-d.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, June 5. (12^h 45 noon).

4. Place of Birth, (Street and Number) 342 Fifth Street.

5. Full Name of Mother, Mary Jones

6. Mother's Maiden Name, McCreary

7. Mother's Birthplace, Washington

8. Full Name of Father, Darlington, Corporal Jones

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Hartford County, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne from

Address, The Evening Dispensary 614 S. Charles Street

Remarks,

18940003774

any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Film M506 4-25-77 dw

RETURN OF A BIRTH. 57040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Maria Augusta Stuckert

of (Child of Mother, (state whether 1st, 2d, 3d, &c.), 2nd

1. Sex, (state whether male or female), Female

2. Race or Color, (if not of the white race), white

3. Date of Birth, June 5, 1894

4. Place of Birth, (Street and Number), 651 Portland St

5. Full Name of Mother, Mrs. Lucretia Stuckert

6. Mother's Maiden Name, Louisa Prudenham

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Martin A. Stuckert

9. Father's Occupation, Pattern Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Barry

Address, 711 Lomb St.

Remarks, 18940003775894

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Off white
 3. Date of Birth, June 5, 1894
 4. Place of Birth, (Street and Number) 1308 Light St.
 5. Full Name of Mother, Alice Mogg
 6. Mother's Maiden Name, Alice Ware
 7. Mother's Birthplace, Baltimore, Md.
 8. Full Name of Father, Charles B. Mogg
 9. Father's Occupation, Fireman
 10. Father's Birthplace, Baltimore, Md.
 Name of Medical Attendant, or other person who makes this Return, Theodore Brooke, M.D.
 Address, 914 St. Charles St.
 Remarks, Baltimore
 1894000377 Md.

RETURN OF A BIRTH

57042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

June 5th 1894

4. Place of Birth (Street and Number),

123 Park Ave

5. Full Name of Mother,

Hannah R. Shoewalsky

6. Mother's Maiden Name,

Hannah Kroeger

7. Mother's Birthplace,

Baldv. City Ind

8. Full Name of Father,

Felix B. Shoewalsky

9. Father's Occupation,

Barber

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

James Bielingsta M D

Address, 15th Saratoga St.

Remarks,

8940003777

RETURN OF A BIRTH. 57043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 5th 1894
 4. Place of Birth, (Street and Number) 1433 Columbia Ave.
 5. Full Name of Mother, Emma C. S. Hoare
 6. Mother's Maiden Name, Carson
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, William A. Hoare Jr.
 9. Father's Occupation, Shouder
 Father's Birthplace, England
 Name of Medical Attendant, or other person who makes this Return, H. W. Weber M.D.
 Address, 723 N. Lombard St.
 Remarks, Labor took place at about end of 7th month of gestation, and was natural.
 8 4 0 0 3 7 7 8

RETURN OF A BIRTH. 57044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

2 of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 5th 1894
 4. Place of Birth, (Street and Number) 1133 Greenmount Ave.
 5. Full Name of Mother, Susie Lane
 6. Mother's Maiden Name, Traverse
 7. Mother's Birthplace, Carroll Co, Md.
 8. Full Name of Father, Richard F. Lane
 9. Father's Occupation, Fireman
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, H. W. Weber M.D.
 Address, 723 W. Lombard St.
 Remarks, Natural Labor.

1 8 9 4 0 0 0 3 7 7 9

RETURN OF A BIRTH. 5-1645-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalty for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father,

9. Father's Occupation.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 3 7 8 0

RETURN OF A BIRTH. 57046
ce of Registrar of Vital Statistics, Board of Health

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)...

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation*

4. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

u. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

57047

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *June 5 1894*
4. Place of Birth, (Street and Number) *94 Harris Alley*
5. Full Name of Mother, *Lidia Timmons*
6. Mother's Maiden Name, *Julia Brumacher*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Herward Timmons*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *William J. Harrison*
- Address, *824 Canton St.*
- Remarks, _____

18940003782

RETURN OF A BIRTH.

57048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, June 5, 1894
 4. Place of Birth, (Street and Number) 2803 Cedar Ave.
 5. Full Name of Mother, Ida May Marsden
Brown
 6. Mother's Maiden Name, "
 7. Mother's Birthplace, Md.
 8. Full Name of Father, Chas. W. Marsden
Painter
 9. Father's Occupation, "
 10. Father's Birthplace, Md.
 Name of Medical Attendant, or other person who makes this Return, J. Lane Taneyhill
1103 Madison Ave.
 Address, _____
 Remarks, _____

18940003783

RETURN OF A BIRTH 37149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940003784

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57650 CERTIFICATE CORRECTED NAME INDEX 5/25/61 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jessie M. Beale

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 3rd 1894

4. Place of Birth, (Street and Number) 1437 N. Bond St.

5. Full Name of Mother, Jessie B. Beale

6. Mother's Maiden Name, Nelson

7. Mother's Birthplace, Virginia

8. Full Name of Father, U. W. Beale

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks, _____

18940003785

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable, excepted to the due of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 5 9

4. Place of Birth, (Street and Number) 328 Bruce St.

5. Full Name of Mother, Emma Carly

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry A. Arthur M.D.

Address, 622 W. Lombard St.

Remarks,

Not to be used for any purpose other than the registration of births and deaths. If used for any other purpose, the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 5 1899*

4. Place of Birth, (Street and Number) *Chillicothe St.*

5. Full Name of Mother, *Mrs Sarah Gray*

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, *Harry H Arthur M.D.*

Address, *622 W Lombard St*

Remarks.

18940003787

RETURN OF A BIRTH. 57053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, June 6 1894
 4. Place of Birth, (Street and Number) 330 S. Caroline St.
 5. Full Name of Mother, Estella Miller
 6. Mother's Maiden Name, Christ
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Frank Miller
 9. Father's Occupation, Bag Tender
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, Mary Stein
 Address, 1425 E. Pratt St.
 Remarks, _____

or other person who makes this Return.

18940003788

RETURN OF A BIRTH.

57054

GIVEN NAME ADDED. 3/20/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Herbert Elliott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 6th/94

4. Place of Birth, (Street and Number)

1427 Williams st

5. Full Name of Mother,

Minnie Elliott

6. Mother's Maiden Name,

Minnie Pring

7. Mother's Birthplace,

Ind. Ind.

8. Full Name of Father,

Geo. H. Elliott

9. Father's Occupation

Coal Dealer

10. Father's Birthplace,

Ind. Ind.

Name of Medical Attendant, or other person who makes this Return.

John H. Birch

Address,

800 Leadenhall Street

Remarks,

1 8 9 4 0 0 0 3 7 8 9

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

6 Child

1. Sex, (state whether male or female).

female

2. Race or Color, (if not of the white race).

white race

3. Date of Birth,

6th June

4. Place of Birth, (Street and Number).

1526 N Bond Street

5. Full Name of Mother,

Maggie Manning

6. Mother's Maiden Name,

Fitipatich

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Manning

9. Father's Occupation,

Barber

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

Mrs. Woodens

Address,

888 Greenmount Ave.

Remarks,

+ 8940003790

RETURN OF A BIRTH.

57056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Twelfth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 12 - 94 (6th)

4. Place of Birth, (Street and Number)

1609 E Madison

5. Full Name of Mother,

Sarah Trott

6. Mother's Maiden Name,

" McDevitt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thos B. Trott

9. Father's Occupation

Paper Hanger

10. Father's Birthplace,

MD

Name of Medical Attendant, or other person who makes this Return,

Mrs. Mary A. Allwell

Address,

1438 N Bond St

Remarks,

0940003791

RETURN OF A BIRTH. 54057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 6

4. Place of Birth, (Street and Number) 916 Bungeandy St

5. Full Name of Mother, Theresa in Herbert

6. Mother's Maiden Name, Theresa Shalaska

7. Mother's Birthplace, Germany

8. Full Name of Father, John L. Herbert

9. Father's Occupation, Cityman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, ~~Dr. J. J. J.~~ Mrs. Bunge

Address, 711 Corn St

Remarks,

8440003792

RETURN OF A BIRTH 57658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Gardner Prechtel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 6. 94

4. Place of Birth, (Street and Number) 1038 Edmonson Ave.

5. Full Name of Mother, Mrs. Ida L. Prechtel

6. Mother's Maiden Name, Ida L. Gardner.

7. Mother's Birthplace, Ohio.

8. Full Name of Father, Larry S. Prechtel.

9. Father's Occupation, Coleman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. James C. Clark M.D.

Address, 1025 Madison Ave.

Remarks,

18940003793

RETURN OF A BIRTH. 57059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6, 94
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Lombard St.
5. Full Name of Mother, May Westler
6. Mother's Maiden Name, May Westler
7. Mother's Birthplace, Maryland
8. Full Name of Father, X
9. Father's Occupation, X
10. Father's Birthplace, X
- Name of Medical Attendant, or other person who makes this Return, Alfred J. Gunning, M.D.
- Address, Maternity Hospital
- Remarks, _____

1 8 9 4 0 0 0 3 7 9 4

RETURN OF A BIRTH. 57060 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940003795

RETURN OF A BIRTH. 57061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, July 7th 1894.

4. Place of Birth, (Street and Number) 711 Edmondson Ave.

5. Full Name of Mother, Aloina Maisch.

6. Mother's Maiden Name, Aloina Reibert.

7. Mother's Birthplace, Balto City.

8. Full Name of Father, Lewis Maisch.

9. Father's Occupation, Shipping Clerk.

10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return, John Pennington M.D.

Address, 1716 Linden Ave.

Remarks,

8940003796

Subject to the fine of ten (10) dollars for each violation, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

7th June 1894

4. Place of Birth, (Street and Number)

308 E Hamburg St

5. Full Name of Mother,

Elvie Lurtzen

6. Mother's Maiden Name,

League

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Albert Lurtzen

9. Father's Occupation,

Barber

10. Father's Birthplace,

Washington D C

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Jewell

Address, 436 E Fort Ave

Remarks,

18940003797

any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

7th June 1898

4. Place of Birth, (Street and Number)

1359 Riverside Ave

5. Full Name of Mother,

Mary A. Woods

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Leauge W. Woods

9. Father's Occupation,

Waterman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Elizabeth Gervell

Address,

436 E Fort Ave

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section and be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

57064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

2. Sex, (state whether male or female) female

3. Race or Color, (if not of the white race)

4. Date of Birth, June 7 1894

5. Place of Birth, (Street and Number) 545 Columbia Ave

6. Full Name of Mother, Mary Francis

7. Mother's Maiden Name, M. R. Smith

8. Mother's Birthplace, Germany

9. Full Name of Father, David Briggs

10. Father's Occupation, Stationer

11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Smith

Address, 800 S. L. Hall Street

Remarks,

1 0 9 4 0 0 0 3 7 9 9

GIVEN NAME ADDED. 10-19-55 57065-
 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Weber
 Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb. 25, 1914
 4. Place of Birth, (Street and Number) 2116 W. Pratt
 5. Full Name of Mother, Mary Weber
 6. Mother's Maiden Name, Mary Hamm
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Henry Weber
 9. Father's Occupation, Restaurant
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Friederike Reuter Midwife
 Address, 2116 W Pratt St.
 Remarks,

18940003800

Check to the left of the line to see if the name of the child is correct. If not, the name of the child is incorrect. If the name is correct, the name of the child is correct.

RETURN OF A BIRTH. 57066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Copy of this section shall be submitted to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

2. Sex, (state whether male or female) M

3. Race or Color, (if not of the white race) W

4. Date of Birth, 7th of June

5. Place of Birth, (Street and Number) 370 Portman St

6. Full Name of Mother, Annie E. Kintz

7. Mother's Maiden Name, Barton

8. Mother's Birthplace, Annapolis

9. Full Name of Father, Charles Miller E. Kintz

10. Father's Occupation, Shoemaker

11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

5 9 4 0 0 0 3 8 0 1

RETURN OF A BIRTH.

54667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 7. 95

4. Place of Birth, (Street and Number)

Free lying In Hospital for Colored 4

5. Full Name of Mother,

6. Mother's Maiden Name,

Blanche King

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harry A. Arthur M.D. Resident Phy.

Address,

622 W. Lombard St.

Remarks.

18940003002

RETURN OF A BIRTH⁵⁷⁰⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th
Female

1. Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race)

3. Date of Birth, ...

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, ...

Remarks, ...

8th June 1894
1339 Hanover St
Belle Lysch
Taylor
Baltimore
William Lysch
Laberner
Baltimore
Elizabeth Jewell

436 E. Fort Ave

1 5 2 4 0 0 0 3 8 0 3

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

GIVEN NAME ADDED 8-31-34
RETURN OF A BIRTH. 57369

To the Office of Registrar of Mortality, New York City

William Frederick Walker, Jr.
Third

1. Sex, (state whether male or female) Male

3. Date of Birth, June 24th 1877

5. Full Name of Mother, Betty Walker

6. Mother's Birthplace, Baltimore

8. Full Name of Father, Merchant

10. Father's Birthplace, _____
Name of Medical Attendant, or other person who had his Return, _____

Address, 602 N Carey st

REMARKS: *Ship Thence 8th 40 0-38-05*
on the last of April
of 1864

1938 J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

57069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons neglecting to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh (7th)*
2. Sex, (state whether male or female) *Colored*
3. Date of Birth, *June 8, 1894*
4. Place of Birth, (Street and Number) *678 Bradley St.*
5. Full Name of Mother, *Ella La Prade*
6. Mother's Maiden Name, *Ella Johnson*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *James La Prade*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Lucie E. M. N.*
- Address, *Unit No. 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100*
- Remarks, *Happen at McCulloch St.*

RETURN OF A BIRTH. 57070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 8/94

4. Place of Birth. (Street and Number) 2527 E. Fayette St.

5. Full Name of Mother, Maggie Bauer

6. Mother's Maiden Name, " Schroeder

7. Mother's Birthplace, Balto.

8. Full Name of Father, Chas. Bauer

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St

Remarks, _____

RETURN OF A BIRTH.

57071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th of June 94

4. Place of Birth, (Street and Number) 1025 Frederick Ave

5. Full Name of Mother, Sophia McMillen

6. Mother's Maiden Name, Sophia Blunt

7. Mother's Birthplace, Balt.

8. Full Name of Father, William H. McMillen

9. Father's Occupation, Labor

Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Frederike Keuler Midwife

Address, 2116 W. Pratt St

Remarks,

RETURN OF A BIRTH. 57072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3rd)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 8 - 94

4. Place of Birth, (Street and Number)

1022 Cambridge St
Harriet Quirey Reid

5. Full Name of Mother,

6. Mother's Maiden Name,

Harriet Reid

7. Mother's Birthplace,

8. Full Name of Father,

Edmund Reid

9. Father's Occupation,

Truck

● Father's Birthplace,

Pa

Name of Medical Attendant, or other person who makes this Return.

Anna Hatcher

Address,

107 Cambridge St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.
 1. Sex, (state whether male or female) Male.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, 6 A.M. June 8, 1894.
 4. Place of Birth, (Street and Number) 732 Light St.
 5. Full Name of Mother, Celia Ann Leight.
 6. Mother's Maiden Name, Celia Ann Smith.
 7. Mother's Birthplace, Fort Wayne, Indiana.
 8. Full Name of Father, Geo. W. Leight.
 9. Father's Occupation, Sawyer.
 10. Father's Birthplace, York Co., Pa.
 Name of Medical Attendant, or other person who makes this Return, E. C. Applegarth, M.D.,
 Address, 8 E. Montgomery St.
 Remarks, R.O.A. Labor normal. no perineal trouble.

RETURN OF A BIRTH. 57079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to file this Return, or who shall file a false Return, or who shall file a Return after the expiration of the time prescribed in this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

99. 9. 94
Cairn Lee.
Harry R. Arthur M.D.
622 W. Lombard St.

RETURN OF A BIRTH.

GIVEN NAME ADDED. 1-18-63

57080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Marie

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

57080

1. Sex, (state whether male or female) Female,

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 9th, 1894

4. Place of Birth, (Street and Number) No 820 S. Para st.,

5. Full Name of Mother, Mary Hodge,

6. Mother's Maiden Name, Barant

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Charles S. Hodge,

9. Father's Occupation, Clerk,

10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return, Amelia L. L. L.

Address, No 724 Columbia Ave.,

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 1st 1891*
4. Place of Birth, (Street and Number) *1613 Highland St*
5. Full Name of Mother, *John Thomas*
6. Mother's Maiden Name, *John Thomas*
7. Mother's Birthplace, *John Thomas*
8. Full Name of Father, *John Thomas*
9. Father's Occupation, *John Thomas*
10. Father's Birthplace, *John Thomas*
- Name of Medical Attendant, or other person who makes this Return, *John Thomas*
- Address, *600 Thacker St*
- Remarks, *John Thomas*

Child to report its birth to the Commissioner of Health, in its own name, and within the period above required, or any person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the time limit the requirements, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-9-56
RETURN OF A BIRTH. 57082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Elizabeth ~~Reisig~~ Reisig

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, _____

RETURN OF A BIRTH. 57083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9th June

4. Place of Birth, (Street and Number) 917 Miller St.

5. Full Name of Mother, Ellen J. Dwyer

6. Mother's Maiden Name, Ellen Dwyer

7. Mother's Birthplace, Ireland

8. Full Name of Father, Dennis Dwyer

9. Father's Occupation, Gardener

10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Howard John Smith M.D.

Address, No 506 N. High St.

Remarks,

Each report is subject to the provisions of the Act of April 10, 1892, and the person who makes the report shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *June 9 - 1894*
3. Date of Birth, *416 S. Spring St.*
4. Place of Birth, (Street and Number) *Kate Reuchter*
5. Full Name of Mother, *Larkin*
6. Mother's Maiden Name, *Ireland*
7. Mother's Birthplace, *Charles Reuchter*
8. Full Name of Father, *Laboren*
9. Father's Occupation, *Baltimore*
- Father's Birthplace, *Mary Stein*
- Name of Medical Attendant, or other person who makes this Return, *1427 E. Pratt St.*
- Address, *Remarks.*

RETURN OF A BIRTH. 57086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth June 9. 1894
 4. Place of Birth, (Street and Number) Carroll Avenue
 5. Full Name of Mother, Mary E. Warfield
 6. Mother's Maiden Name, Mary E. Gurting
 7. Mother's Birthplace, St. Prince Georges Co. Md.
 8. Full Name of Father, John E. Warfield
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Baltimore City
 Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth Wick
 Address, Carroll Baltimore City
 Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, June 9. (2nd 15 afternoon)

4. Place of Birth, (Street and Number) 402 Grindall Street.

5. Full Name of Mother, Laura, Virginia Taylor.

6. Mother's Maiden Name, Douglas.

7. Mother's Birthplace, Somerset County - Md.

8. Full Name of Father, Lemar Clayton Taylor.

9. Father's Occupation, Iron Worker.

10. Father's Birthplace, Walter (Iron), Philadelphia.

Name of Medical Attendant, or other person who makes this Return, Mr. Marie Kanne from

Address, the Evening Dispensary, 614 P. Ward Street.

Remarks,

ected to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

June 15th, '94.

4. Place of Birth, (Street and Number).....

1016 Eastern Ave.

5. Full Name of Mother,.....

Katie Rice

6. Mother's Maiden Name,.....

Fortenbaugh

7. Mother's Birthplace,.....

Baltimore

8. Full Name of Father,.....

John Rice

9. Father's Occupation,.....

Laborer

10. Father's Birthplace,.....

Balto.

Name of Medical Attendant, or other person who makes this Return,.....

Mrs. Jennie Turner

Address,.....

17 N. Eden St.

Remarks,.....

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

57090

of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
Name of Medical Attendant,
Address.
Remarks.

5
Female
Colored
June 10 - 1894
310 Lewis St.
Henriette Empress
Williams
Baltimore
John Empress
Laborer
Baltimore
Mary Stein
E. Pratt St.

shall to report his birth to the Registrar, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation.....
10. Father's Birthplace,.....
- Name of Medical Attendant, or other person who makes this Return,.....
- Address,.....
- Remarks,.....

RETURN OF A BIRTH 57092

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

M.

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

June 10-1894

4. Place of Birth, (Street and Number)

924 N. Charles Street
Maggie Lwry

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

W. Orr
Ireland
Andrew S. Lwry
Painter.

Ireland
Alfred Whiteland M.D.
6. S. Chetoff

CORRECTION

The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.

STATE OF MARYLAND

HE-RM 22
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 57069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh (7th)*
2. Sex, (~~state whether male or female~~)
3. Race or Color, (if not of the white race) *Colored*
4. Date of Birth, *June 8, 1894*
5. Place of Birth, (Street and Number) *678 Bradley St.*
6. Full Name of Mother, *Ella La Prade*
7. Mother's Maiden Name, *Ella Johnson*
8. Mother's Birthplace, *Baltimore, Md.*
9. Full Name of Father, *James La Prade*
10. Father's Occupation, *Laborer*
11. Father's Birthplace, *Baltimore, Md.*
12. Name of Medical Attendant, or other person who makes this Return, *Lucie G. W. M. N.*
13. Address, *Acad. Res. Physician, Good Samaritan Hospital*
14. Remarks, *Huffman & McCulloch Bldg.*

1 8 9 4 0 0 0 3 8 0 5

If any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 8, 1894

4. Place of Birth, (Street and Number) 2527 E. Fayette St.

5. Full Name of Mother, Maggie Bauer

6. Mother's Maiden Name, " Schroeder

7. Mother's Birthplace, Balto.

8. Full Name of Father, Chas. Bauer

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer

Address, 2225 Gough St

Remarks, _____

1 6 9 4 0 0 0 3 8 0 6

Any person who neglects to file this return, or who files a false return, shall be liable to a fine of ten (10) dollars for each offence, to be recovered in other lines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 of June 94
4. Place of Birth, (Street and Number) 1025 Frederick Ave
5. Full Name of Mother, Sophia McMillen
6. Mother's Maiden Name, Sophia Blunt
7. Mother's Birthplace, Balt.
8. Full Name of Father, William H. McMillen
9. Father's Occupation, Labor
- Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Friedrich Reule Midwife
- Address, 2116 W. Pratt St
- Remarks,

8 9 4 0 0 3 8 0 7

RETURN OF A BIRTH. 57072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3rd)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 8 - 94

4. Place of Birth, (Street and Number)

2000 Campbell St
Harriet Quirey Blvd

5. Full Name of Mother,

Harriet Quirey

6. Mother's Maiden Name,

Quirey

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

Edmund Quirey

9. Father's Occupation,

Minor

Father's Birthplace,

Pa.

Name of Medical Attendant, or other person who makes this Return.

Lennan Reichert

Address,

207 W. Bell St

Remarks,

8940003808

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.
 1. Sex, (state whether male or female) Male.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, 6 A.M. June 8, 1894.
 4. Place of Birth, (Street and Number) 732 Light St.
 5. Full Name of Mother, Celia Ann Leight
 6. Mother's Maiden Name, Celia Ann Smith.
 7. Mother's Birthplace, Fort Wayne, Indiana.
 8. Full Name of Father, Geo. W. Leight.
 9. Father's Occupation, Barry.
 10. Father's Birthplace, York Co., Pa.
 Name of Medical Attendant, or other person who makes this Return, E. C. Applegarth, M.D.,
 Address, 8 E. Montgomery St.
 Remarks, R. O. A. Labor normal. no perfunal
trouble.

6940003809

RETURN OF A BIRTH. 57079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 9, 1914*

4. Place of Birth, (Street and Number) *491. North Ann St*

5. Full Name of Mother, *Carrie Lee*

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return, *Harry A. Arthur M.D.*

Address, *622 W. Lombard St.*

Remarks.

18940003810

RETURN OF A BIRTH.

GIVEN NAME ADDED.

1-18-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Marie
of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
White

2. Race or Color, (if not of the white race)..... *White*

3. Date of Birth, June 9th, 1897

4. Place of Birth, (Street and Number) No 520 S. Vaca St.

5. Full Name of Mother, Mary Dodge
Parent

6. Mother's Maiden Name, Bancroft

7. Mother's Birthplace. *Balto, Md.*

8. Full Name of Father, *Charles D. Young*
Plunk

9. Father's Occupation, Clerk,
Baltimore

Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return.

Name of Medical Association, _____
Address, No 724 Columbia Ave.

Remarks,

8 9 4 0 0 0 3 8 1 1

RETURN OF A BIRTH. 57081 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10/15/1894
4. Place of Birth, (Street and Number) 1012 E. 12th St.
5. Full Name of Mother, Mary Elizabeth
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, James
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Jones
- Address, 1012 E. 12th St.
- Remarks,

1 8 9 4 0 0 3 8 1 2

Child to report its birth to the Commissioners of Health, so the mother and without the person above required, and any such person or persons who shall fail to comply with the provisions of this act, shall be liable to a fine of not less than five dollars nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and the costs of the proceedings therefor.

GIVEN NAME ADDED 1-9-56
RETURN OF A BIRTH. 57082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Elizabeth ~~Reisig~~ *Reisig*

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

2. *Sex, (state whether male or female)*

3. *Race or Color, (if not of the white race)*

4. *Date of Birth,*

5. *Place of Birth, (Street and Number)*

6. *Full Name of Mother,*

7. *Mother's Maiden Name,*

8. *Mother's Birthplace,*

9. *Full Name of Father,*

10. *Father's Occupation,*

11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 3 8 1 3

RETURN OF A BIRTH. 57083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, 4th)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940003814

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)... female
2. Race or Color, (if not of the white race)... white
3. Date of Birth... 9th June
4. Place of Birth, (Street and Number)... 917 Miller St.
5. Full Name of Mother... Ellen J. Jones
6. Mother's Maiden Name... Ellen Ireland
7. Mother's Birthplace... Ireland
8. Full Name of Father... Dennis Dorsey
9. Father's Occupation... Laborer
10. Father's Birthplace... Baltimore Co.
- Name of Medical Attendant, or other person who makes this Return... Howard Zink midwife
- Address... No 506 N. High St.
- Remarks...

8740003815

any such person or persons who shall here, or fail to comply with the provisions of this section shall be sub-
ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 9 - 1894
4. Place of Birth, (Street and Number) 415 E. Spring St.
5. Full Name of Mother, Kate Reuchter
6. Mother's Maiden Name, Larkin
7. Mother's Birthplace, Ireland
8. Full Name of Father, Charles Reuchter
9. Father's Occupation, Laborer
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mary Stein
- Address, 1427 E. Pratt St.
- Remarks,

1 8 9 4 0 0 0 3 8 1 5

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) - 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 9, 1894

4. Place of Birth, (Street and Number) Carroll Avenue

5. Full Name of Mother, Mary C. Warfield

6. Mother's Maiden Name, Mary C. Gursting

7. Mother's Birthplace, Fort Prince Georges Co. Md.

8. Full Name of Father, John C. Warfield

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth Wacker

Address, Carroll Baltimore City

Remarks,

18940003817

RETURN OF A BIRTH. 57087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

For every report made to the Registrar of Births, the Registrar of Deaths, or the Registrar of Marriages, of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 9th 1894

4. Place of Birth, (Street and Number) 2326 Ething St

5. Full Name of Mother, Minnie E Johnson

6. Mother's Maiden Name, E. Poole

7. Mother's Birthplace, Vertice Co N. Carolina

8. Full Name of Father, John Henry Johnson

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. E. E. E.

Address, 2206 Ething St

Remarks, 18940003818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 9. (2nd 15 afternoon).
4. Place of Birth, (Street and Number) 402 Grandall Street.
5. Full Name of Mother, Laura, Virginia Taylor.
6. Mother's Maiden Name, Duglasy.
7. Mother's Birthplace, Poweshott County - Md.
8. Full Name of Father, Elmer Clayton Taylor.
9. Father's Occupation, Iron Worker.
- Father's Birthplace, Walter (Iron). Philadelphia.
- Name of Medical Attendant, or other person who makes this Return, Mr. Marie Kanne, from
- Address, the Evening Dispensary, 614 P. Charles St.
- Remarks, _____

18940003819

Printed by the City of Baltimore, and for sale by the City of Baltimore, at the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH. 57689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

June 10th '94

4. Place of Birth, (Street and Number)...

1026 Eastern Ave.

5. Full Name of Mother,...

Katie Rice

6. Mother's Maiden Name,...

Fortenbaugh

7. Mother's Birthplace,...

Baltimore

8. Full Name of Father,...

John Rice

9. Father's Occupation,...

Laborer

10. Father's Birthplace,...

Balto.

Name of Medical Attendant, or other person who makes this Return,

Mrs. Jennie Turner

Address,...

17 N. Eden St.

Remarks,...

18940003820

RETURN OF A BIRTH. 57090 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race). *Caucasian*

3. Date of Birth. *June 10 1894*

4. Place of Birth, (Street and Number). *310 Lewis St.*

5. Full Name of Mother. *Henriette Empros*

6. Mother's Maiden Name. *Williams*

7. Mother's Birthplace. *Baltimore*

8. Full Name of Father. *John Empros*

9. Father's Occupation. *Laborer*

10. Father's Birthplace. *Baltimore*

Name of Medical Attendant, (if other person who makes this Return). *Mary Stein*

Address. *427 E. Pratt St.*

Remarks.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

54091

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, _____ or other person who makes this Return.

Address, _____

Remarks, _____

18940003822

any person who fails to report the birth of a child within the time specified in this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 57092

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

M.

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

June 10-1894

4. Place of Birth, (Street and Number)

929 N. Charles Street
Hagerstown, Md.

5. Full Name of Mother,

1-000

6. Mother's Maiden Name,

Ireland

7. Mother's Birthplace,

Andrew S. Lacey

8. Full Name of Father,

Parker.

9. Father's Occupation,

Ireland

10. Father's Birthplace,

Alfred Whitehead M.D.
6. S. Chetoff

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

18940003823

RETURN OF A BIRTH. 57093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *V*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 10/94*

4. Place of Birth, (Street and Number) *326 S. Spring str.*

5. Full Name of Mother, *Christina Weiskar*

6. Mother's Maiden Name, *" Kueseler*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Henry Weiskar*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Leisenhofer*

Address, *2225 Gough str.*

Remarks,

1 8 9 4 0 0 0 3 8 2 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1st
1. Sex, (state whether male or female)... Female
2. Race or Color, (if not of the white race)... White
3. Date of Birth, June 10th '94
4. Place of Birth, (Street and Number)... 708 N. Mount-H.
5. Full Name of Mother, Lillian Creamer
6. Mother's Maiden Name, " Maudlin
7. Mother's Birthplace, City-
8. Full Name of Father, George Creamer
9. Father's Occupation, Car-Builders
- Father's Birthplace, City-
- Name of Medical Attendant, or other person who makes this Return, F. B. Gardner
- Address, 424 N. Greene St.
- Remarks,

1 6 9 4 0 0 0 3 8 2 5

RETURN OF A BIRTH. 57095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 10th 1894*

4. Place of Birth, (Street and Number) *215 Druid Ave. Woodberry*

5. Full Name of Mother, *Jane Malvina Shaffer*

6. Mother's Maiden Name, *Jane Malvina Davidow*

7. Mother's Birthplace, *Carroll Co. Md.*

8. Full Name of Father, *William D. Shaffer*

9. Father's Occupation, *Employed in cotton factory*

Father's Birthplace, *Carroll Co. Md.*

Name of Medical Attendant, or other person who makes this Return, *Geo. T. Shower, M.D.*

Address, *421 Roland Ave. Hampden*

Remarks,

1 8 9 4 0 0 0 3 8 2 6

RETURN OF A BIRTH.

57096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
2. Sex, (state whether male or female) *female*
3. Race or Color, (if not of the white race) *Color*
4. Date of Birth, *June 10*
5. Place of Birth, (Street and Number) *1901 Chapel St*
6. Full Name of Mother, *Orleaves Price*
7. Mother's Maiden Name, *Orleaves Chase*
8. Mother's Birthplace, *Baltimore Md.*
9. Full Name of Father, *Argueta Price*
10. Father's Occupation, *labor*
11. Father's Birthplace, *Baltimore Md.*
12. Name of Medical Attendant, or other person who makes this Return, *Sarah A Jones*
13. Address, *527 Patison Park. av*
14. Remarks, _____

1 8 9 4 0 0 3 8 2 7

RETURN OF A BIRTH.

57097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

June 10

Sharpsta 701

Anna Margretha Greist

Anna Margaretha Krack

German

Julius Max Greist

Tailor

German

Kate Abinich

500 Leadenhall Street

1 8 9 4 0 0 0 3 8 2 8

shall to report its name to the Registrar of the County, City, or Town, of the mother and a full and correct name required, and any such person or persons who fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, June 1894.

4. Place of Birth, (Street and Number) 1039 Maldives Street.

5. Full Name of Mother, Friederica Funt.

6. Mother's Maiden Name, Kreischmar

7. Mother's Birthplace, Germany

8. Full Name of Father, Paul Funt.

9. Father's Occupation, Baker.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 Lermon Street

Remarks,

18940003829

RETURN OF A BIRTH.

57099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11th of May 94

4. Place of Birth, (Street and Number)

1921 W. Pratt

5. Full Name of Mother,

Friederike Heide

6. Mother's Maiden Name,

Friederike Grossmann

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Georg Heide

9. Father's Occupation,

Housekeeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Friederike Heide Midwife

Address,

2116 W. Pratt St.

Remarks,

1 8 9 4 0 0 0 3 8 3 0

any and every person who neglects to file this return, or who files a false return, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics; Board of Health, Baltimore City.

Name - Simon Schissler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White race

3. Date of Birth, November 22, 1881

4. Place of Birth, (Street and Number) 311 E. E. Street

5. Full Name of Mother, Emma Schissler

6. Mother's Maiden Name, Emma Schissler

7. Mother's Birthplace, Germany

8. Full Name of Father, Albert Schissler

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 Cross Street

Remarks,

8940003831

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 3rd.
1. Sex, (state whether male or female)..... Boy
2. Race or Color, (if not of the white race)..... White
3. Date of Birth..... June 11th. 1894
4. Place of Birth, (Street and Number)..... 1045 W. Gay St
5. Full Name of Mother..... Mary Getmuller
6. Mother's Maiden Name..... Mary Pfau
7. Mother's Birthplace..... Baltimore. Md
8. Full Name of Father..... Frederick J. Getmuller.
9. Father's Occupation..... Paint Store
10. Father's Birthplace..... Baltimore. Md
- Name of Medical Attendant, or other person who makes this Return..... Wilmer Bontrou. M.D.
- Address..... S. W. Cor. Calvert & President St.
- Remarks.....

18940003832

RETURN OF A BIRTH. 57103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *VIII*
 1. Sex, (state whether male or female) *Boy*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 11/94*
 4. Place of Birth, (Street and Number) *488 S. Collington Ave.*
 5. Full Name of Mother, *Mary Michael*
 6. Mother's Maiden Name, *Schleier*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *John Michael*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Balto.*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Lienenhofer*
 Address, *2225 Gough str.*
 Remarks,

1 8 9 4 0 6 6 3 8 3 3

RETURN OF A BIRTH.

57106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 17 - 1894

4. Place of Birth, (Street and Number) 1636 E. Lombert St.

5. Full Name of Mother, Mattie Blanch Alfonso

6. Mother's Maiden Name, Parker

7. Mother's Birthplace, Virginia

8. Full Name of Father, Willie H. H. Alfonso

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who made this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks.

18940003834

RETURN OF A BIRTH. 57107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 5th
 1. Sex, (state whether male or female)..... Male
 2. Race or Color, (if not of the white race)..... white
 3. Date of Birth,..... May 11th. 1894
 4. Place of Birth, (Street and Number)..... 1539 Holbrook St
 5. Full Name of Mother,..... Katie Ahern,
 6. Mother's Maiden Name,..... Katie Kelley
 7. Mother's Birthplace,..... Washington, D.C.
 8. Full Name of Father,..... Lawrence Ahern
 9. Father's Occupation,..... Balto. & Potomac R.R. Conductor.
 10. Father's Birthplace,..... Washington, D.C.
 Name of Medical Attendant, or other person who makes this Return,..... Wilmer Brinton, M.D.
 Address,..... S.W. Cor. Calvert & Pine Sts
 Remarks,

18940003835

RETURN OF A BIRTH. 57108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

June 11th 1894

4. Place of Birth, (Street and Number).....

468 W. Mulberry

5. Full Name of Mother,

Mabel Sedden

6. Mother's Maiden Name,

Mabel Sedden

7. Mother's Birthplace,

England

8. Full Name of Father,

Don't Know

9. Father's Occupation,

Don't Know

10. Father's Birthplace,

Don't Know

Name of Medical Attendant, or other person who makes this Return.

D. J. Phillips

Address,

753 W. Lexington St

Remarks,

Illegitimate

8940003836

RETURN OF A BIRTH. 57109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 Sex, (state whether male or female)
 Race or Color, (if not of the white race)
 Date of Birth,
 Place of Birth, (Street and Number)
 Full Name of Mother,
 Mother's Maiden Name,
 Mother's Birthplace,
 Full Name of Father,
 Father's Occupation,
 Father's Birthplace,
 Name of Medical Attendant, or other person who makes this Return,
 Address,
 Remarks,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

IV
Female
W.

June 11 94

622 W. Lombard St
New Lying In Hospital
Lizzie Miller.

Harry H. Arthur M.D.
In Resident Phys.

622 W. Lombard St.

1 8 9 4 0 0 0 7 8 3 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.).....*4*
 1. Sex, (state whether male or female).....*male*
 2. Race or Color, (if not of the white race).....*White*
 3. Date of Birth,.....*12th of Aug. 94*
 4. Place of Birth, (Street and Number).....*324. Remond St.*
 5. Full Name of Mother,.....*Lilia Makinson*
 6. Mother's Maiden Name,.....*Lilia Glansville*
 7. Mother's Birthplace,.....*Balto.*
 8. Full Name of Father,.....*Abler Makinson*
 9. Father's Occupation,.....*Houseman*
 Father's Birthplace,.....*Balto.*
 Name of Medical Attendant, or other person who makes this Return,.....*Friederike Houder midwife*
 Address,.....*211.6 W. Pratt St.*
 Remarks,.....

1 8 9 4 0 0 3 8 3 8

RETURN OF A BIRTH. 57111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
- Sex, (state whether male or female). Female
- Race or Color, (if not of the white race) _____
- Date of Birth, June 12 - 1894
- Place of Birth, (Street and Number) 1403 Bank St.
- Full Name of Mother, Annie Funk
- Mother's Maiden Name, Hartman
- Mother's Birthplace, Baltimore
- Full Name of Father, Michael Funk
- Father's Occupation, Undertaker
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mary Stein
- Address, 1424 E. Pratt St.
- Remarks, _____

18940003839

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall be liable to the same penalties as are provided for in the Act of the General Assembly, passed March 1, 1882, in relation to the registration of births and deaths, and to the same penalties as are provided for in the Act of the General Assembly, passed March 1, 1882, in relation to the registration of marriages, and to the same penalties as are provided for in the Act of the General Assembly, passed March 1, 1882, in relation to the registration of deaths.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)..... 4

1. Sex. (state whether male or female)..... Male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth..... June the 12 = 18 = 94

4. Place of Birth. (Street and Number)..... Payson st No 912

5. Full Name of Mother..... Louisa D Fearney

6. Mother's Maiden Name..... Louisa D Davis

7. Mother's Birthplace..... Baltimore

8. Full Name of Father..... John M. Fearney

9. Father's Occupation..... Boat Plummer

10. Father's Birthplace..... Baltimore

Name of Medical Attendant, or other person who makes this Return..... Mrs S Bell

Address..... No 1222 M. E. Ave

Remarks.....

1 8 9 4 0 0 0 3 8 4 0

RETURN OF A BIRTH. 57113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in Baltimore and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June the 12 - 18-94

4. Place of Birth, (Street and Number)

Hollins st No 9-23

5. Full Name of Mother,

Elizabeth Luggen

6. Mother's Maiden Name,

Elizabeth Jordan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Th Luggen

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs S Bellus

Address,

No 19-22 Wilkins Ave

Remarks,

8940003841

RETURN OF A BIRTH. 57114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June 2, 1874

4. Place of Birth, (Street and Number) 4th Bruce St

5. Full Name of Mother, Alice Miller

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Greenwood, Md

8. Full Name of Father, James Miller

9. Father's Occupation, driver

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, John C. Miller

Address, 1121 E. 1st St

Remarks, _____

18940003842

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *colored*
 3. Date of Birth, *June 12, 1874*
 4. Place of Birth, (Street and Number) *533 Preston St*
 5. Full Name of Mother, *Fanny Baylor*
 6. Mother's Maiden Name, *Ellis*
 7. Mother's Birthplace, *Rock, So. Va*
 8. Full Name of Father, *Joe Baylor*
 9. Father's Occupation, *Public work*
 10. Father's Birthplace, *Italy*
 Name of Medical Attendant, or other person who makes this Return, *Mary B Jones*
 Address, *1121 Paratoga St*
 Remarks,

8940003843

RETURN OF A BIRTH 57116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *June 12th 1894*

4. Place of Birth, (Street and Number) *929 E. Biddle St*

5. Full Name of Mother. *Elsie May Kearney*

6. Mother's Maiden Name. *Smith*

7. Mother's Birthplace. *Maryland*

8. Full Name of Father. *James Kearney*

9. Father's Occupation. *Bookbinder*

10. Father's Birthplace. *Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.

*James J. [unclear]
314 N. [unclear] St*

For persons who send for a copy of this form to the Registrar of Vital Statistics, Baltimore City, the fee is ten cents. For each office to be received in other cities and foreign countries are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons or persons who will hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return,

Address,

Remarks,

8 9 4 0 0 3 8 4 5

RETURN OF A BIRTH.

57118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, _____

18940003846

RETURN OF A BIRTH. 57119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 12/94

4. Place of Birth, (Street and Number) 234 S. Register str.

5. Full Name of Mother, Kathie Yungheisel

6. Mother's Maiden Name, " Lünn

7. Mother's Birthplace, Germany

8. Full Name of Father, Oskar Yungheisel

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Gisenhofer

Address, 2925 Gough str.

Remarks,

1 8 9 4 0 0 0 3 8 4 7

RETURN OF A BIRTH. 57/50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 12 94

4. Place of Birth, (Street and Number)

Free Hospital 622 W Lombard St

5. Full Name of Mother,

Emma Nelson

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Harry H Arthur M.D. Resident Phys

Address, 622 W Lombard St

Remarks,

18940023848

RETURN OF A BIRTH. 57/21

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 12 1894

4. Place of Birth, (Street and Number)

St. Vincent's Infants Asylum

5. Full Name of Mother,

Laura Jones

6. Mother's Maiden Name,

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Not known

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

A. L. Davis M. D.

Address,

603 Lenox St

Remarks,

18940003849

RETURN OF A BIRTH. 57/22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, June 12 96

4. Place of Birth, (Street and Number) 931 Woodman St

5. Full Name of Mother, Lillie Tyler

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur M.D.

Address, 622 W. Lombard St

Remarks, _____

1 8 9 4 0 0 0 3 8 5 0

RETURN OF A BIRTH. 57123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 13 - 94

4. Place of Birth, (Street and Number)

723 N. Ann

5. Full Name of Mother,

Margaret E. Coleman

6. Mother's Maiden Name,

Keeler

7. Mother's Birthplace,

Balto

8. Full Name of Father,

McClard F. Coleman

9. Father's Occupation

Paper Hanger

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs. Mary A. Allwell

Address,

1438 N. Bond St.

Remarks,

18940003851

RETURN OF A BIRTH. 57/24

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13: 94
4. Place of Birth, (Street and Number) 24 112 E. Market St
5. Full Name of Mother, Grace E. Webb
6. Mother's Maiden Name, " Leonard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Oscar E. Webb
9. Father's Occupation Merchant
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, D. C. Williams
- Address, 1128 Cathedral St
- Remarks,

1 6 9 4 0 0 0 3 8 5 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57/25

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 13/94

4. Place of Birth, (Street and Number) 241 S. Chapel St

5. Full Name of Mother, Mary K. Bentley

6. Mother's Maiden Name, Mary K. Dayton

7. Mother's Birthplace, Balto

8. Full Name of Father, William J. Bentley

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary, E. Piquay

Address, 1903 Long St

Remarks,

8440003853

RETURN OF A BIRTH. 57126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each return for birth is to be signed by the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter be found to have violated the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

June 20th

5. Place of Birth, (Street and Number)

1835 Leadenhall St.

6. Full Name of Mother,

Barbara Hoefel.

7. Mother's Maiden Name,

Barbara Brown.

8. Mother's Birthplace,

Germany.

9. Full Name of Father,

Charles Hoefel.

10. Father's Occupation,

Baker.

11. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return,

Valid Approach

Address,

100 Leadenhall St.

Remarks,

18940003854

RETURN OF A BIRTH.

57137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, June 13th 1894
4. Place of Birth, (Street and Number) 76.16 Brown's Lane.
5. Full Name of Mother, Martha Wagner
6. Mother's Maiden Name, " " Mach
7. Mother's Birthplace, Henstadt.
8. Full Name of Father, Jacob Wagner
9. Father's Occupation, Beer-brewer
10. Father's Birthplace, Amberg.
- Name of Medical Attendant, or other person who makes this Return, Annie Kisdner
- Address, 76 106. S. Monroe St.
- Remarks, _____

8940003855

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII
 1. Sex, (state whether male or female) Girl
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 13/94
 4. Place of Birth, (Street and Number) 326 S. Cheap St.
 5. Full Name of Mother, Mary Zimmerman
 6. Mother's Maiden Name, Weller
 7. Mother's Birthplace, Germany
 8. Full Name of Father, William Zimmerman
 9. Father's Occupation, Shoemaker
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenthaler
 Address, 2225 Gough St.
 Remarks, _____

18940003856

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940003857

RETURN OF A BIRTH. 57129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *June 13 d. '94*
4. Place of Birth, (Street and Number) *1411 Cooks St.*
5. Full Name of Mother, *Bertha Boecker*
6. Mother's Maiden Name, *Bertha Branner*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Boecker*
9. Father's Occupation, *Laborer*
10. ☒ Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Amalia Boecker*
- Address, *1339 Hull St.*
- Remarks, _____

1 8 9 4 0 0 0 3 8 5 8

RETURN OF A BIRTH. 57130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, June 13, 1894
 4. Place of Birth, (Street and Number) 525 Presetman St.
 5. Full Name of Mother, Mary C. Meagher
 6. Mother's Maiden Name, Schott
 7. Mother's Birthplace, Md.
 8. Full Name of Father, John Meagher
 9. Father's Occupation, Supt. St. Cleaning Dept. Dist. No 6.
 10. Father's Birthplace, Md.
 Name of Medical Attendant, or other person who makes this Return, G. Lene Taneyhill
 Address, 1103 Madison Ave.
 Remarks, The mother is in her 50th year

8940003859

RETURN OF A BIRTH. 57/31

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *colored*
 3. Date of Birth, *13 June 1894*
 4. Place of Birth, (Street and Number) *708 Woodley St*
 5. Full Name of Mother, *Emilia Ray*
 6. Mother's Maiden Name, *Reese*
 7. Mother's Birthplace, *Virginia*
 8. Full Name of Father, *Thomas Ray*
 9. Father's Occupation, *color porterage*
 10. Father's Birthplace, *Virginia*
 Name of Medical Attendant, or other person who makes this Return, *Wm J Jones*
 Address, *1121 N 10th*
 Remarks,

8940003860

RETURN OF A BIRTH. 57/32

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940003861

RETURN OF A BIRTH. 5/7/33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Edgar Harold Laughlin

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14th May 9-31

4. Place of Birth, (Street and Number)

1808 Riggs Ave

5. Full Name of Mother,

Marjoe Laughlin

6. Mother's Maiden Name,

Marjoe Harlow

7. Mother's Birthplace,

Walto

8. Full Name of Father,

R. J. Laughlin

9. Father's Occupation,

Walto

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Friederike Kauter Midwife

Address,

2116 W. Pratt St

Remarks,

18940003862

In case the birth of any child is attended by a physician or practitioner of midwifery, or by a nurse, or by a person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 5/1/34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 14 June

4. Place of Birth, (Street and Number) 625 Constitution St.

5. Full Name of Mother, Madeline Herishel

6. Mother's Maiden Name, J. Kelly

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, J. Herishel

9. Father's Occupation, Stationer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Herishel midwife

Address, No 506 N. High St.

Remarks,

1 8 9 4 0 0 0 3 8 6 3

RETURN OF A BIRTH. 57/35 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14, 1894
4. Place of Birth, (Street and Number) 1341 North av
5. Full Name of Mother, Ellen Anderson
6. Mother's Maiden Name, Ellen Williams
7. Mother's Birthplace, Balto
8. Full Name of Father, Samuel Anderson
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto
- Name of Medical Attendant, Dr. J. H. [unclear] or other person who makes this Return, 2038 [unclear]
- Address, _____
- Remarks, _____

1 8 9 4 0 0 0 3 8 6 4

any person who neglects to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57/36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, June 14. (6 o'clock morning)

4. Place of Birth, (Street and Number) 1223 Blackwell St.

5. Full Name of Mother, Lizzie, Cecilie Brown,

6. Mother's Maiden Name, Campbell

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, George Fredrick Brown,

9. Father's Occupation, Laborer.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Agnes Brown

Address, Living Dispensary 614 P. Charles Street

Remarks,

18940003865

RETURN OF A BIRTH.

57137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, Jan 14/94
 Place of Birth, (Street and Number) 1728 Clinician St
 Full Name of Mother, May L Funk
 Mother's Maiden Name, Mary L Myers
 Mother's Birthplace, Balt
 Full Name of Father, John H Funk
 Father's Occupation, Laborman
 Father's Birthplace, Balt
 Name of Medical Attendant, or other person who makes this Return, May C. Peregay
 Address, 1908 South St
 Remarks,

8940003866

RETURN OF A BIRTH. 57/38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Attestance upon the mother, mother, or other person who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *14 June*

4. Place of Birth, (Street and Number) *1526 Caroline St.*

5. Full Name of Mother, *Margie Marx*

6. Mother's Maiden Name, *W. Breller*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *John Marx*

9. Father's Occupation, *clerk*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other person who makes this Return, *Anna Walker*

Address, *728 N. Paul St.*

Remarks, */*

8 9 4 0 0 0 3 8 6 7

RETURN OF A BIRTH. 57/39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 14: 94

4. Place of Birth, (Street and Number) 2227 St Paul St

5. Full Name of Mother, Lovina Betts

6. Mother's Maiden Name, Hill

7. Mother's Birthplace, Augusta Co Va

8. Full Name of Father, Benj. H. Betts

9. Father's Occupation, Traveling Salesman

10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, D. C. Williams

Address, 1128 Cathedral St

Remarks, _____

8940003868

Child to report his birth to the Registrar of Vital Statistics, Baltimore City, within ten days after the birth, and to file a certificate of birth, and to pay a fee of ten (10) dollars for each offence, to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH.

57140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 14th 98

4. Place of Birth, (Street and Number) 224 Rock st.

5. Full Name of Mother, Anna Schmidt

6. Mother's Maiden Name, Anna Dankmeyer

7. Mother's Birthplace, Germany

8. Full Name of Father, Fritz Schmidt

9. Father's Occupation, Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. H. A. Hayden

Address, 1019 W. Caroline st.

Remarks,

+ 8 9 4 0 0 0 3 8 6 9

any child, person, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11 94

4. Place of Birth, (Street and Number) 719 Madison St.

5. Full Name of Mother, Hannah Fernandez

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur M.D.

Address, 622 W. Lombard St.

Remarks, _____

18940003870

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57142 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person who reports the birth of a child to a person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....
- Name of Medical Attendant, or other person who makes this Return,.....
- Address,.....
- Remarks,.....

18940003871

RETURN OF A BIRTH.

57/43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 15 - 94
1329 N. Bond

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Annie E. Lowrey

6. Mother's Maiden Name,

Russell

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm Lowrey

9. Father's Occupation,

Teamster

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary A. Allwell

Address,

1438 N. Bond St.

Remarks,

8940003872

RETURN OF A BIRTH.

57144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
 shall on person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
 jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940003873

RETURN OF A BIRTH. 57145-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female). *Female*
2. Race or Color, (if not of the white race). *White*
3. Date of Birth, *15 June 1894*
4. Place of Birth, (Street and Number). *728 Brodway*
5. Full Name of Mother, *Mary Menzel*
6. Mother's Maiden Name, *Mary Smith*
7. Mother's Birthplace, *Baltimore M D*
8. Full Name of Father, *John Menzel*
9. Father's Occupation, *Laubier*
10. Father's Birthplace, *Baltimore M D*
- Name of Medical Attendant, or other person who makes this Return, *Ellen Smith*
- Address, *504 So Washington St*
- Remarks,

8940003874

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
2. Sex, (state whether male or female) *female*
3. Race or Color, (if not of the white race) *white*
4. Date of Birth, *June 15, 1894*
5. Place of Birth, (Street and Number) *402 Harris Alley*
6. Full Name of Mother, *Elizabeth Smith*
7. Mother's Maiden Name, *Elizabeth Young*
8. Mother's Birthplace, *Massachusetts*
9. Full Name of Father, *William Smith*
10. Father's Occupation, *Laborer*
11. Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other person who makes this Return, *Wm. J. Hargrave*
- Address, *P.O. Canton Md.*
- Remarks,

18940003875

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

June 15, 1894

4. Place of Birth, (Street and Number).....

St. Vincent's Infant Asylum

5. Full Name of Mother,.....

Maria Smith

6. Mother's Maiden Name,.....

Ms. G.

7. Mother's Birthplace,.....

Not known

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,.....

Dr. L. B. Smith M.D.
Gen. Secy of H.

Address,.....

Remarks,.....

18940003876

RETURN OF A BIRTH. 57148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st
 1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race)

4. Date of Birth, June 16, 1894

5. Place of Birth, (Street and Number) 2009 St Charles

6. Full Name of Mother, Mary M. Denyon

7. Mother's Maiden Name, Mary M. Kellinger

8. Mother's Birthplace, Baltimore

9. Full Name of Father, Daniel D. Denyon

10. Father's Occupation, Bookkeeper

11. Father's Birthplace, Frederick Co., Md

Name of Medical Attendant, or other person who makes this Return, Dr. Theodore Cooke

Address, 914 St Charles St

Remarks,

18940003877

RETURN OF A BIRTH. 57149 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.) Third
Male

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) 10 June 1894

4. Date of Birth, Brooklyn St

5. Place of Birth, (Street and Number) Wm. Gustus

6. Full Name of Mother, Marion

7. Mother's Maiden Name, Quinn, Esq. 116

8. Mother's Birthplace, John Gustus

9. Full Name of Father, John Gustus

10. Father's Occupation, City

11. Father's Birthplace, Mary Co. Md.

Name of Medical Attendant, or other person who makes this Return, 119 1/2 Washington St

Address, 119 1/2 Washington St

Remarks, 18940003878

RETURN OF A BIRTH. 57150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)—Third
1. Sex, (state whether male or female)—Female
2. Race or Color, (if not of the white race)—Colored
3. Date of Birth, 16 June 1874
4. Place of Birth, (Street and Number)—1032 Carroll St
5. Full Name of Mother, Annie Sauer
6. Mother's Maiden Name, Campbell
7. Mother's Birthplace, West Virginia
8. Full Name of Father, James Sauer
9. Father's Occupation, Bricklayer
1. ☒ Father's Birthplace, Ripon, Wis.
- Name of Medical Attendant, or other person who makes this Return, Mary C. Jones
- Address, 1121 Saratoga St
- Remarks,

18940003879

RETURN OF A BIRTH. 57/57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2

1. Sex, (state whether male or female)... Female

2. Race or Color, (if not of the white race)... White

3. Date of Birth... June 1894

4. Place of Birth, (Street and Number)... 29 E. Franklin

5. Full Name of Mother... Cora Weston

6. Mother's Maiden Name... Weston

7. Mother's Birthplace... Russia

8. Full Name of Father... Nicholas Weston

9. Father's Occupation... Soldier

10. Father's Birthplace... Russia

Name of Medical Attendant, or other person who makes this Return... C. L. ...

Address... 72 Atlantic St.

Remarks,

1 8 9 4 0 0 0 3 8 8 0

RETURN OF A BIRTH. 57/52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 16th 1894 1.30 a.m.

4. Place of Birth, (Street and Number) #1017 East Preston St.

5. Full Name of Mother, Lydia E. Jenkins

6. Mother's Maiden Name, Lydia E. Keasler

7. Mother's Birthplace, Hagerstown Md.

8. Full Name of Father, Richard R. Jenkins

9. Father's Occupation, Transpire Co., Agent

10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return, L. Henry Chabot M.D.

Address, #1111 East Preston St.

Remarks,

1 8 9 4 0 0 0 3 8 8 1

RETURN OF A BIRTH. 57153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

II

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 16/94

4. Place of Birth, (Street and Number)

616 N. Madeira Alley

5. Full Name of Mother

Elisa Steeg

6. Mother's Maiden Name

Wagner

7. Mother's Birthplace

Germany

8. Full Name of Father

Louis Steeg

9. Father's Occupation

Butcher

10. Father's Birthplace

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Deisenhofer

Address

2225 Gough St

Remarks

18940003882

RETURN OF A BIRTH. 57154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race) Cold

3. Date of Birth, June 16 94

4. Place of Birth, (Street and Number) 222 Carlton St

5. Full Name of Mother, Rosa Smith

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry H. Wilson M.D.

Address, 652 W. Lombard St.

Remarks, _____

1 8 9 4 0 0 3 8 8 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

VII

Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

June 16 94
1015

Coc's.

Seaton's Court

Sarah

Handy.

Harry W. Arthur M.D.

622 W. Lombard St

1 8 9 4 0 0 0 3 8 8 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 17, 91

4. Place of Birth, (Street and Number) Maternity Hospital 115 116 Lombard St

5. Full Name of Mother, Ellen Noel

6. Mother's Maiden Name, Ellen Noel

7. Mother's Birthplace, W. Va

8. Full Name of Father, X

9. Father's Occupation, V

● Father's Birthplace, X

Name of Medical Attendant, or other person who makes this Return, Wm. T. Gandy, M.D.

Address, Maternity Hospital

Remarks,

8 9 4 0 0 0 3 8 8 6

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14th of June 94

4. Place of Birth, (Street and Number)

231 Forrest St

5. Full Name of Mother,

Josephine Holmes

6. Mother's Maiden Name,

Josephine Keller

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wilhelm Holmes

9. Father's Occupation,

Labor

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Friederike Heuler Midwife

Address,

2116 W. Pratt St

Remarks,

8 9 4 0 0 0 3 8 8 7

RETURN OF A BIRTH. 57159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 17th 1894.

4. Place of Birth, (Street and Number) 1012 Scott st

5. Full Name of Mother, Clara C Barker.

6. Mother's Maiden Name, Clara C Brown.

7. Mother's Birthplace, Baltimore City.

8. Full Name of Father, Wm M Barker.

9. Father's Occupation, Single Iron Smith.

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, John D Pennington M.D.

Address, 1716 Linden Ave

Remarks, Tell name added by agent - Emma C. Helm - Reg

Mrs. James T. Barker 8940003888

RETURN OF A BIRTH. 57/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

1034 N. Wolfe
June 17 - 94

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary F. Apple

6. Mother's Maiden Name,

" " Hapnagle

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Geo. F. Apple

9. Father's Occupation

Teamster

10. Father's Birthplace,

Md

Name of Medical Attendant, or other person who makes this Return.

Mrs. Mary A. Allwell

Address,

1438 N. Bond St

Remarks,

1 8 9 4 0 0 0 3 8 8 9

RETURN OF A BIRTH.

57/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17/99
4. Place of Birth, (Street and Number) 711 Hemover st
5. Full Name of Mother, Annie Barclay
6. Mother's Maiden Name, Annie Gintig
7. Mother's Birthplace, Adams Co Pa
8. Full Name of Father, Bernard Barclay
9. Father's Occupation, Restaurant
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Mrs. Minch
- Address, 808 St. ...
- Remarks, ...

1 8 9 4 0 0 0 3 8 9 0

any and all persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, June 17 1894.

4. Place of Birth, (Street and Number) 2105 Hillhouse Street

5. Full Name of Mother, Barbara G. J. J. J.

6. Mother's Maiden Name, Barbara Krieger

7. Mother's Birthplace, Germany

8. Full Name of Father, George J. J. J.

9. Father's Occupation, Paper carrier

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Lindner

Address, 2106 S. W. M. Street

Remarks,

8940003891

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

57143

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

I
Girl

Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

3. Date of Birth

June 17/94

4. Place of Birth, (Street and Number)

2214 Porticles Court

5. Full Name of Mother,

Antonina Bienert

6. Mother's Maiden Name,

Gumolska

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Bienert

9. Father's Occupation

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Deisenhofer
1225 Gough Str

Address,

Remarks,

18940003892

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth.
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother.
 6. Mother's Maiden Name,
 7. Mother's Birthplace.
 8. Full Name of Father.
 9. Father's Occupation
 10. Father's Birthplace,
 Name of Medical Attendant, or other person who makes this Return.
 Address,
 Remarks,

4
 Male
 White
 June the 18-18-94
 Wilkins Ave No 521
 Margery E. Rimmer
 Margery E. Faller
 Baltimore
 Joseph A. Rimmer
 candy maker
 Baltimore
 Mrs. S. Faller
 No 19-22 W. Thiss Ave
 18940003893

RETURN OF A BIRTH.

54/65-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 18, 1894

4. Place of Birth, (Street and Number) 1414 Light St

5. Full Name of Mother, Kate R. Rose

6. Mother's Maiden Name, Kate R. Blondell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Francis E. Rose

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr Theodore Cooke

Address,

914 St Charles St

Remarks,

8940003894

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth. (Street and Number) *Bel*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, *Chas. H. Adams*

Address,

Remarks,

8940003895

RETURN OF A BIRTH. 57167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2^d)
 Sex, (state whether male or female) Female.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, June 18, 1894
 4. Place of Birth, (Street and Number) No. 2109 E. North ave.
 5. Full Name of Mother, Lillie Crubb
 6. Mother's Maiden Name, Lillie Brooks
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Harry Crubb
 9. Father's Occupation, Lab. Oper.
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, Dr. R. C. Lowell M.D.
 or other person who makes this Return,
 Address, 11241 Harford ave.
 Remarks, _____

1 8 9 4 0 0 0 3 8 9 6

RETURN OF A BIRTH. 57/68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 18th 1894

4. Place of Birth, (Street and Number)

1328 E. 1st St.

5. Full Name of Mother,

Elizabeth G. Spruiger

6. Mother's Maiden Name,

Elizabeth G. Lamm

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Frederick L. Spruiger

9. Father's Occupation,

Cutter

10. Father's Birthplace,

June Arundel Co. Md.

Name of Medical Attendant, or other person who makes this return.

A. G. Watson

Address,

1307 N. Central Ave.

Remarks,

8940003897

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

Sex, (state whether male or female) Girl

Race or Color, (if not of the white race) White

Date of Birth, June 18/94

Place of Birth, (Street and Number) 310 S. Eden str.

Full Name of Mother, Mina Huebner

Mother's Maiden Name, Stetter

Mother's Birthplace, Balto.

Full Name of Father, Henry Huebner

Father's Occupation, Blacksmith

Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Seidenhofer

Address, 2225 Gough St.

Remarks, _____

8 9 4 0 0 3 8 9 8

RETURN OF A BIRTH. 57170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 18, 1894

4. Place of Birth, (Street and Number) 318 N. Pratt St.

5. Full Name of Mother, Mary Elisa Parlett

6. Mother's Maiden Name, Gayer

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Andrew Jackson Parlett

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who made this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

1 8 9 4 0 0 0 3 8 9 9

RETURN OF A BIRTH. 57171

TO the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *William Jacob Wiesand*

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Male

White

18th of June '94

2220 Frederick Ave

Christina Wiesand

Christina Gerlach

Germany

John Wiesand

Barber

Germany

Friederike Keeler Midwife

2116 W. Pratt St

18940003900

RETURN OF A BIRTH. 57/72

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) White
 Date of Birth, June, 18th 1894
 Place of Birth, (Street and Number) Nine Bank Lane near Belair Ave.
 Full Name of Mother, Therese Bohman
 Mother's Maiden Name, Rieckert
 Mother's Birthplace, Germany
 Full Name of Father, Th. Bohman
 Father's Occupation, Booker
 Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt
 Address, No. 7 Nine Bank Lane
 Remarks, none

18940003901

RETURN OF A BIRTH. 57/73

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 18, 1894

4. Place of Birth, (Street and Number)

No. 11. Carroll St. - Inner

5. Full Name of Mother,

Sophia Frances Clark

6. Mother's Maiden Name,

Sophia F. Bushong

7. Mother's Birthplace,

Shenandoah Co., Virginia

8. Full Name of Father,

John Joseph Clark

9. Father's Occupation,

House Painter

10. Father's Birthplace,

Washington D. C.

Name of Medical Attendant, or other person who makes this Return,

Annie Lindner

Address,

No. 106 S. Howard St.

Remarks,

8940003902

RETURN OF A BIRTH. 57194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth
- Sex, (state whether male or female) male
- Race or Color, (if not of the white race) colored
- Date of Birth, 18 June 1894
- Place of Birth, (Street and Number) 704 Whitcomb St
- Full Name of Mother, Sarah W. W. W.
- Mother's Maiden Name, W. W.
- Mother's Birthplace, England
- Full Name of Father, Robert E. W. W.
- Father's Occupation, Glenn
- Father's Birthplace, Prince George's Co. Md.
- Name of Medical Attendant, or other person who makes this Return, Dr. W. W. W.
- Address, 1121 Lexington St
- Remarks, _____

1 8 4 4 0 0 3 9 0 3

RETURN OF A BIRTH. 57475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)..... *Female*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *Jan 18, 1894*
4. Place of Birth, (Street and Number) *St. Vincent's Infant Asylum*
5. Full Name of Mother,..... *Mrs. M. M. M. M.*
6. Mother's Maiden Name,..... *McCallan*
7. Mother's Birthplace,..... *Ireland*
8. Full Name of Father,..... *Not known*
9. Father's Occupation,..... *"*
10. Father's Birthplace,..... *"*
- Name of Medical Attendant, or other person who makes this Return,..... *Dr. R. L. R. L. M. D.*
- Address,..... *601 Seneca St.*
- Remarks,.....

8440003904

RETURN OF A BIRTH.

57/76

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Tuesday June 19th 1894

4. Place of Birth, (Street and Number) 1103 Forest Place

5. Full Name of Mother, Leland M. B. Stone

6. Mother's Maiden Name, Leland M. Brinton

7. Mother's Birthplace, Lees Co. Md.

8. Full Name of Father, John A. Stone

9. Father's Occupation, Bank Cashier

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, Calvert & Preston Sts.

Remarks,

18940003905

RETURN OF A BIRTH.

57177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d.

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, June 19, 1891 15 morning

4. Place of Birth, (Street and Number) 1408 E. Baltimore Street

5. Full Name of Mother, Louise Francis Hausler

6. Mother's Maiden Name, Lutz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Ernest Hausler

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mr. M. Kanne from the Evening Dispensary

Address, 614 S. Charles Street

Remarks, _____

8 9 4 0 0 0 3 9 0 6

GIVEN NAME ADDED 5-22-57
 RETURN OF A BIRTH. 57178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ellen Hamill
 N. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex. (state whether male or female)
 2. Race or Color. (if not of the white race)
 3. Date of Birth, June 19. (6, 45 o'clock evening), 1894
 4. Place of Birth. (Street and Number) 1917 Horn Street E. Balto.
 5. Full Name of Mother, Sally Elizabeth Hamill,
 6. Mother's Maiden Name, McGlone,
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Stephen, Corky Hamill
 9. Father's Occupation, Laborer.
 10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Mar. M. Ryan, from the
 Address, Evening Dispensary, 614 E. Charles Street.
 Remarks,

18940003907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 19th 1894

4. Place of Birth, (Street and Number)

No. 20 W. Poppleton

5. Full Name of Mother,

Sarah E. Mills

6. Mother's Maiden Name,

Millbolland

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. H. Mills

9. Father's Occupation,

Trimmer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

Annie Lindner

Address,

No. 106 S. Monroet

Remarks,

18940003908

RETURN OF A BIRTH. 57180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19, 1904

4. Place of Birth, (Street and Number) 16 N. Rohrstr.

5. Full Name of Mother, Mary Hopkins

6. Mother's Maiden Name, Heddsinger

7. Mother's Birthplace, Balto.

8. Full Name of Father, Harry Hopkins

9. Father's Occupation, Laberer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer

Address, 2225 Gough str.

Remarks, 16940003909

Over

RETURN OF A BIRTH. *57181*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Charles Michael Huppman*

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 19/1904

4. Place of Birth, (Street and Number)

422 N. Washington Str.

5. Full Name of Mother,

Mary (Huckman) Huppman

6. Mother's Maiden Name,

Wirth

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John Phil. (Huckman) Huppman

9. Father's Occupation

Brookkeeper

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return,

Mrs. Senenbier

Address,

2225 Gough Str.

Remarks,

18940003910

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57/82

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth. June 19-1894
 4. Place of Birth, (Street and Number) MacHenry St. No 18-34
 5. Full Name of Mother, Mary Lightenborg
 6. Mother's Maiden Name, Mary Fudger
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Charles D. Lightenborg
 9. Father's Occupation, labour
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. S. Kelley
 Address, No 1922 McKim Ave
 Remarks,

18940003911

RETURN OF A BIRTH. 57/83

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)..... 7 females
 2. Race or Color, (if not of the white race)..... White
 3. Date of Birth..... June, May 19-1894
 4. Place of Birth, (Street and Number)..... Fulton Ave. No 3-10
 5. Full Name of Mother..... Emmert F. Puet
 6. Mother's Maiden Name..... Emmert F. Cornthwaite
 7. Mother's Birthplace..... Baltimore
 8. Full Name of Father..... Eugene M. Puet
 9. Father's Occupation..... plumber
 10. Father's Birthplace..... Snow Hill, Md.
 Name of Medical Attendant, or other person who makes this Return..... Mrs. S. Kelley
 Address..... No 19, 74 Millkins Ave.
 Remarks.....

1 8 9 4 0 0 0 3 9 1 2

any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Mr
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

57184

1. *Second*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male
Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 19 - 94* Y3 011232900 312 31A0

4. Place of Birth, (Street and Number) *1057 Arden*

5. Full Name of Mother, *Henrie Houssey*

6. Mother's Maiden Name, *Hogan*

7. Mother's Birthplace, *Balta*

8. Full Name of Father, *Alonza R. Houssey*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Missouri*

Name of Medical Attendant, or other person who makes this Return, *Mrs Mary A. Allwell*

Address, *1438 N. Bond St*

Remarks, *Full name of child - Howard Randal Houssey*

8940003913

RETURN OF A BIRTH. 57185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd & 4th
- Sex, (state whether male or female) (Twins) Females Olga & Elise Gail
2. Race or Color, (if not of the white race)
3. Date of Birth, June 19, 1894.
4. Place of Birth, (Street and Number) 810 W. North Ave.
5. Full Name of Mother, Helen Christiana Gail
6. Mother's Maiden Name, Helen C. Bauch
7. Mother's Birthplace, Richmond, Va.
8. Full Name of Father, G. W. Gail, Jr.
9. Father's Occupation, Tobacco
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other person who makes this Return, Howard A. Kelly
- Address, 905 N. Charles St.
- Remarks, full name of child added by uncle Frederick M. Gail
- J. E. Wehr - Reg.

RETURN OF A BIRTH. 57186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Col.

Date of Birth, June 19th / 94.

Place of Birth, (Street and Number) 2202 Etlings St.

Full Name of Mother, Mary Elizabeth Bentley

Mother's Maiden Name, Mary Elizabeth Bentley

Mother's Birthplace, Taylor's P. O. Harford Co., Md.

Full Name of Father, Benjamin Stolly

Father's Occupation, Waiter

Father's Birthplace, Belair, Harford Co., Md.

Name of Medical Attendant, or other person who makes this Return, Chas. Statterscheidt M.D.

Address, 1514 St. Lafayette Ave.

Remarks, ...

1 8 9 4 0 0 0 3 9 1 5

Section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 57187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 19th of June 94

4. Place of Birth, (Street and Number) 1939 Landon St.

5. Full Name of Mother, Franciska Dombrowski

6. Mother's Maiden Name, Franciska Marinski

7. Mother's Birthplace, Pole

8. Full Name of Father, Michael Dombrowski

9. Father's Occupation, Tailor

10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Friederike Gouler Midwife

Address, 2116 W. Pratt St.

Remarks,

8940003916

7-4-55

RETURN OF A BIRTH. 57/88

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sara Adler

of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 2

1. Sex, (state whether male or female) - Female
2. Race or Color, (if not of the white race) - White
3. Date of Birth, - June 8, 1904
4. Place of Birth, (Street and Number) - 322 E. Center St.
5. Full Name of Mother, - Sara Adler
6. Mother's Maiden Name, - Cohen
7. Mother's Birthplace, - Russia
8. Full Name of Father, - David Adler
9. Father's Occupation, - Tailor
10. Father's Birthplace, - Russia
- Name of Medical Attendant, or other person who makes this Return, - Dr. [Signature]
- Address, - [Signature]
- Remarks, -

8940003917

ected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

54189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

June 20th 1898

4. Place of Birth (Street and Number),

1141 Decatur St

5. Full Name of Mother,

Kate Meise

6. Mother's Maiden Name,

Kate Bartholomew

7. Mother's Birthplace,

Baeta, Md

8. Full Name of Father,

Wm. E. Meise

9. Father's Occupation,

Cabins maker

10. Father's Birthplace,

Baeta, Md

Name of Medical Attendant, or other person who makes this Return.

W. D. Thomas, M.D.

Address,

611 N. Carrollton Ave.

Remarks,

for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁵⁷¹⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female) ..

Male

2. Race or Color, (if not of the white race)

3. Date of Birth, ..

20th June 1894

4. Place of Birth, (Street and Number)

308 E Font Ave

5. Full Name of Mother, ..

Lena Russell

6. Mother's Maiden Name, ..

Buckhert

7. Mother's Birthplace, ..

Baltimore

8. Full Name of Father, ..

Fredrick Russell

9. Father's Occupation, ..

Laborer

10. Father's Birthplace, ..

Baltimore

Name of Medical Attendant, ..

or other Person who makes this Return

Elizabeth Jewell

Address, ..

436 E Font Ave

Remarks, ..

18940603919

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940003920

RETURN OF A BIRTH.

57192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First-
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 20 - 94

4. Place of Birth, (Street and Number)

1824 Hanford Ave

5. Full Name of Mother,

Flora F. Lutz-
Bussey

6. Mother's Maiden Name,

md

7. Mother's Birthplace,

Paul O. Lutz

8. Full Name of Father,

Book Binder

9. Father's Occupation,

Wid

10. Father's Birthplace,

Mrs Mary A. Allwell

Name of Medical Attendant, or other person who makes this Return,

1438 N. Bond St

Address,

Remarks,

18940003921

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
 2. Sex of Child, (state whether male or female) *Male*
 3. Race or Color, (state whether white, neg., or other) *White*
 4. Date of Birth, *June 20th 1894*
 5. Place of Birth, (Street and Number) *No. 609 W. Mulberry St.*
 6. Full Name of Mother, *Annie Rothart*
 7. Mother's Maiden Name, *Leib.*
 8. Mother's Birthplace, *Eggolsheim Germany.*
 9. Full Name of Father, *William Rothart*
 10. Father's Occupation, *Carpenter.*
 11. Father's Birthplace, *Berg Holz Germany.*
 Name of Medical Attendant, or other person who makes this Return, *Alfred M. Lindner*
 Address, *No. 106 S. Mulberry St.*
 Remarks,

18940003922

RETURN OF A BIRTH. 57194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 June 1899.

4. Place of Birth, (Street and Number) 8 Rose St

5. Full Name of Mother, Yda Hanson

6. Mother's Maiden Name, Yda Jonson

7. Mother's Birthplace, Norwegen Europ

8. Full Name of Father, John Hanson

9. Father's Occupation, Marine

10. Father's Birthplace, Sweden Europ

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 So Washington St

Remarks, _____

1 8 9 4 0 0 0 3 9 2 3

RETURN OF A BIRTH. 57195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 20th 1894*

4. Place of Birth, (Street and Number) *1030 McCulloch St. Hospital of the Good Samaritan*

5. Full Name of Mother, *Mary Eleanor McKay*

6. Mother's Maiden Name, *Mary M. Cowart*

7. Mother's Birthplace, *Ontario, Canada*

8. Full Name of Father, *William Duff McKay*

9. Father's Occupation, *Marble carver*

10. Father's Birthplace, *Scotland*

Name of Medical Attendant, or other person who makes this Return, *Ida Pollack, M.D.*

Address, *Hospital of the Good Samaritan, 1030 McCulloch St.*

Remarks.

18940003924

any person who neglects to report the birth in the manner and within the period above required, and who neglects to report the death of a person who shall be liable hereunder, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

527/96

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1
Female

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Cord

Date of Birth,

July 20. 96

Place of Birth, (Street and Number)

331 Sider Alley

Full Name of Mother,

Ella Finney

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Harry H. Arthur M.D.

Address,

622 W Lombard St.

Remarks,

1 8 9 4 0 0 0 3 9 2 5

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June the 21-19.94*
 4. Place of Birth, (Street and Number) *Sticker St. No 2-28*
 5. Full Name of Mother, *Eaton Joyner*
 6. Mother's Maiden Name, *Eaton Shaper*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Thomas Joyner*
 9. Father's Occupation, *Eng. Baker*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. S. Bell*
 Address, *No 19-22 Milkins Dr*
 Remarks, *18940003926*

RETURN OF A BIRTH.

57/98

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race) White
4. Date of Birth, 21 June 1894
5. Place of Birth, (Street and Number) 100 S. 7th St
6. Full Name of Mother, Anna Rose
7. Mother's Maiden Name, Katyle
8. Mother's Birthplace, Baltimore
9. Full Name of Father, William Rose
10. Father's Occupation, Teacher
11. Father's Birthplace, Polk, Maine
- Name of Medical Attendant, or other person who makes this Return, Dr. James R. Lamb
- Address, 121 S. 7th St
- Remarks, 18940003927

RETURN OF A BIRTH. 57199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons as shall be liable to be recovered up other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21, 1894
4. Place of Birth, (Street and Number) 2027 Baltimore Ave
5. Full Name of Mother, Mary J. H. Jones
6. Mother's Maiden Name, Mary Anna
7. Mother's Birthplace, Delaware
8. Full Name of Father, John Jones
9. Father's Occupation, Teacher
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, James H. H. H.
- Address, 115 South Calver St
- Remarks, 18940003928

RETURN OF A BIRTH. 57200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 June 1894
4. Place of Birth, (Street and Number) 606. Chaslet St
5. Full Name of Mother, Henni Jost
6. Mother's Maiden Name, Henni Kan
7. Mother's Birthplace, Baltimore M D
8. Full Name of Father, Konrad Jost
9. Father's Occupation, Lauber
10. Father's Birthplace, Baltimore M D
11. Name of Medical Attendant, or other person who makes this Return, Ellen Smith
- Address, 504 Washington St
- Remarks, 18940003929

RETURN OF A BIRTH. 57201

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2. Sex (state whether Male or Female)

3. Race or Color (if not of the white race)

4. Date of Birth

5. Place of Birth (Street and Number)

6. Full Name of Mother

7. Mother's Maiden Name

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

22
Male.
White.
June 21st 1894.
731 Montford Ave.
Lizzie Henning
Lizzie Dresler
Baltimore City
Wm. F. Henning
Taylor
Baltimore City
J. R. Cohler M.D.
661 W. Fayette St

1 8 9 4 0 0 0 9 3 0

RETURN OF A BIRTH. 57202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 21/1894
 4. Place of Birth, (Street and Number) 36 S. Fremont Ave.
 5. Full Name of Mother, Anne Elizabeth Wheeler
 6. Mother's Maiden Name, Disney
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, William H. Wheeler
 9. Father's Occupation, Mechanic
 10. Father's Birthplace, Carroll Co. Md.
 Name of Medical Attendant, or other person who makes this return, H. W. Weber M.D.
 Address, 723 W. Lombard St.
 Remarks, Natural Labor

1 8 9 4 0 0 0 3 9 3 1

RETURN OF A BIRTH. 57263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 21st Jan

4. Place of Birth, (Street and Number) 1723 Calver St

5. Full Name of Mother, George Waldman

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Balt

8. Full Name of Father, William Waldman

9. Father's Occupation, Householder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Drs G. Guss

Address, 1957 Q St

Remarks,

1 8 9 4 0 0 0 3 9 3 2

RETURN OF A BIRTH. 57204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name Added 5-2-54
 Name: Anna Lucretia Dahlinger
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 21. (8³⁰ morning). 1894.
4. Place of Birth, (Street and Number) 316. Saratoga Street.
5. Full Name of Mother, Anna, Martha Dahlinger.
6. Mother's Maiden Name, Glusig.
7. Mother's Birthplace, New York.
8. Full Name of Father, Charles, Joseph Dahlinger.
9. Father's Occupation, Plumber.
10. Father's Birthplace, New York.

Name of Medical Attendant, or other person who makes this Return, Mr. M. Konne,
 Address, 614 S. Charles Street.

Remarks,

18940003933

RETURN OF A BIRTH. 57205 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) Colored
- Date of Birth, June 27 94
- Place of Birth, (Street and Number) 940 North
- Full Name of Mother, Clara Brooks.
- Mother's Maiden Name.
- Mother's Birthplace.
- Full Name of Father.
- Father's Occupation.
- Father's Birthplace.
- Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur M.D.
- Address, 672 W. Lombard St.
- Remarks.

RETURN OF A BIRTH. 57206 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, 22 June
 4. Place of Birth, (Street and Number) Baltimore 806 Ridgely.
 5. Full Name of Mother, Amy Mary Sacher.
 6. Mother's Maiden Name, Amy Mary Schultz.
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Henry Sacher.
 9. Father's Occupation, Cabinet maker.
 10. Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, or other person who makes this Return, Statis Spina
 Address, 600 Linden Hall Street
 Remarks, 18940003935

RETURN OF A BIRTH. 57207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *2nd female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *June 22, 1894*
4. Place of Birth, (Street and Number) *919 East Ave.*
5. Full Name of Mother, *Antilda Hiebert*
6. Mother's Maiden Name, *Antilda Bondar*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Hiebert*
9. Father's Occupation, *Blackman*
- Father's Birthplace, *Balt.*
- Name of Medical Attendant, or other person who makes this Return, *Thos. C. Shannon*
- Address, *1240 Canton St.*
- Remarks, _____

6940003936

Penalty for failure to file to the Commissioner of Health, at the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *May 22 '34*

4. Place of Birth, (Street and Number) *145 St. O'Connell St.*

5. Full Name of Mother, *Ellen Anderson*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Spain - Baltimore*

8. Full Name of Father, *Charles Anderson*

9. Father's Occupation, *Boys*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *George W. H.*

Address, *1008 N. Howard St.*

Remarks, _____

8440003937

RETURN OF A BIRTH. 57209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *five*

1. Sex, (state whether ~~male~~ female)

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June 22nd*

4. Place of Birth, (Street and Number) *913 Berman*

5. Full Name of Mother, *Eleonora Henry*

6. Mother's Maiden Name, *Eleonora Manning*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Geo A S Disney*

9. Father's Occupation, *Asst. Harmon Master*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Dr. F. Todd M.D.*

Address, *Geo Harmon*

Remarks,

18940003938

RETURN OF A BIRTH. 57210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 22, 1892
4. Place of Birth, (Street and Number) 16 St. James St
5. Full Name of Mother, Annie Nelson
6. Mother's Maiden Name, Annie Frank
7. Mother's Birthplace, Balto
8. Full Name of Father, Alexander Nelson
9. Father's Occupation, Bridge-builder
- Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Frank C. [unclear]
- Address, 16 St. James St
- Remarks, _____

1 5 9 4 0 0 0 3 9 3 9

RETURN OF A BIRTH. 57211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, June 22 1895
 4. Place of Birth, (Street and Number) 806 Cannon St.
 5. Full Name of Mother, Jane Cannon
 6. Mother's Maiden Name, Jane Quinn
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Cannon
 9. Father's Occupation, laborer
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Wm. C. Swaine
 Address, 224 Canton St.
 Remarks, _____

1 8 9 4 0 0 0 3 9 4 0

GIVEN NAME ADDED - 6/24/68

RETURN OF A BIRTH. 57212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HUBERT PARKER HAHN

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2^d 1894

4. Place of Birth, (Street and Number) 808 W. Franklin

5. Full Name of Mother, Isabelle Richmond Hahn

6. Mother's Maiden Name, Isabel Richmond McKeige

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles Edwin Hahn

9. Father's Occupation, Furniture Packer

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Chas. E. Dennis M.D.

Address, 405 N. Greene St City

Remarks,

18940003941

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female).....

3d
Female
White

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

June 22d

4. Place of Birth, (Street and Number).....

729 W. Hamburg St

5. Full Name of Mother,.....

Katherine Bayle

6. Mother's Maiden Name,.....

Katherine Leath

7. Mother's Birthplace,.....

Wark Bg

8. Full Name of Father,.....

Martin Bayle

9. Father's Occupation,.....

1 Laborer

10. Father's Birthplace,.....

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,.....

Walter Basse

Address,.....

711 Levee Street

Remarks,.....

18940003942

RETURN OF A BIRTH.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

1. Sex, (state whether male or female) male Bernard Goldman
2. Race or Color, (if not of the white race) German
3. Date of Birth, June 22 - 94
4. Place of Birth, (Street and Number) 177 N. Front
5. Full Name of Mother, Fannie Goldman
6. Mother's Maiden Name, Fannie Rager
7. Mother's Birthplace, Germany
8. Full Name of Father, Isaac Goldman
9. Father's Occupation, Tinner
10. Father's Birthplace, Russia
- Name of Medical Attendant, Chas. F. Blake
City Hospital
- Address, _____
- Remarks, is 58940003943

RETURN OF A BIRTH. 57215-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of not less than \$10 nor more than \$100 for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22 1894

4. Place of Birth, (Street and Number) 904 E. Epton

5. Full Name of Mother, Lizzie Burk

6. Mother's Maiden Name, Gearner

7. Mother's Birthplace, Frank Burk

8. Full Name of Father, Bricklayer

9. Father's Occupation, Gearner

10. Father's Birthplace, Mary, Keptis

Name of Medical Attendant, or other person who makes this Return, 205 N. Washington

Address,

Remarks,

18940003944

RETURN OF A BIRTH. 57216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Will to report the same to the Commission on any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2d June

4. Place of Birth, (Street and Number) 2231 Bank St.

5. Full Name of Mother, Helene Koschensky

6. Mother's Maiden Name, " Halle

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward Koschensky

9. Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. M. Mason

Address, 1331 Hall St. Louis Point

Remarks,

8940003945

RETURN OF A BIRTH. 57223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 23/94

4. Place of Birth, (Street and Number) 818 Hare str.

5. Full Name of Mother, Jenny Friends

6. Mother's Maiden Name, Hilbert

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles Friends

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Friend

Address, 2225 Gough str

Remarks,

18940003946

shall to report its birth to the Commissioner of Lea in the manner and within the time hereinafter provided, and may such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child in report as birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall be liable to pay a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) 23

2. Race or Color, (if not of the white race)

3. Date of Birth, 23 June 1897

4. Place of Birth, (Street and Number) Hamburg St

5. Full Name of Mother, Johann Quistor

6. Mother's Maiden Name, Black

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry H. Quistor

9. Father's Occupation, German

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Smith

Address, 800 ...

Remarks, ...

18940003947

RETURN OF A BIRTH. 57225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalty: Each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *23 June*
 4. Place of Birth, (Street and Number) *Baltimore 600 Han St*
 5. Full Name of Mother, *Mary L. Schudes*
 6. Mother's Maiden Name, *Mary A. Fink*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John Bernard Schmuck*
 9. Father's Occupation, *Box Maker*
 Father's Birthplace, *St. John's, Germany*
 Name of Medical Attendant, or other person who makes this Return, *Mar. Bange*
 Address, *71 Broad St*
 Remarks,

8 9 4 0 0 0 3 9 4 8

RETURN OF A BIRTH. 57226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *June 23^d 1894*
 4. Place of Birth, (Street and Number) *1002 N Gay St*
 5. Full Name of Mother, *Ellanora Weiss*
 6. Mother's Maiden Name, *Ellanora Kieck*
 7. Mother's Birthplace, *Catonville, Balto Co.*
 8. Full Name of Father, *Chas J Weiss*
 9. Father's Occupation, *Barber*
 10. Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other person who makes this return, *Kimberly Ross Highland M.D.*
 Address, *1526 N Broadway,*
 Remarks,

1 8 9 4 0 0 0 3 9 4 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable, shall be liable to a fine of ten (10) dollars for each offense.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*, _____
4. *Place of Birth*, (*Street and Number*) _____

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

8940003950

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME CHANGED BY COURT ORDER 1-19-59 5722

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *23 July 1956*
4. Place of Birth, (Street and Number) *815 N. Baltimore St.*
5. Full Name of Mother, *Angie Goldstone*
6. Mother's Maiden Name, *Wassington*
7. Mother's Birthplace, *London*
8. Full Name of Father, *Paul Goldstone*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *London*
- Name of Medical Attendant, or other person who makes this Return, *D. Williams*
- Address, *4211 W. 1st St.*
- Remarks, *Child was born at home.*

any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense. to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *Hebrew - Russian*
 3. Date of Birth, *June 23 - 95*
 4. Place of Birth, (Street and Number) *217 N. Conway St.*
 5. Full Name of Mother, *Rachel Silberman*
 6. Mother's Maiden Name, *Rachel Weinstein*
 7. Mother's Birthplace, *Russia*
 8. Full Name of Father, *Isaac Silberman*
 9. Father's Occupation, *Tailor*
 10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *Chas. F. Blake -*
City Hospital
- Address,
- Remarks,

RETURN OF A BIRTH. 57230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *23rd June 1911*
4. Place of Birth, (Street and Number) *1255 Oak St. N.*
5. Full Name of Mother, *Josephine Lybidy*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *Philadelphia, Pa.*
8. Full Name of Father, *Frank Henry*
9. Father's Occupation, *Ironworker*
10. Father's Birthplace, *Baltimore, Md.*
11. Name of Medical Attendant, or other person who makes this Return, *Dr. J. H. Brown*
12. Address, *1255 Oak St. N.*
13. Remarks, *18940003953*

RETURN OF A BIRTH. 57231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons neglecting to file this return shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

Female

W.

June 23 94

Free Home Hospital 622 W Lombard St

Emma Saline

Harry G. Utter M.D.
Senior Res. Phys.

622 W Lombard St

18940003954

RETURN OF A BIRTH. 57232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female)... Female

Race or Color, (if not of the white race) Cald

Date of Birth, June 23

Place of Birth, (Street and Number) 534 Burgundy Alley

Full Name of Mother, Jizzie Wells

Mother's Maiden Name, _____

Mother's Birthplace, _____

Full Name of Father, _____

Father's Occupation, _____

Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur

Address, 622 W. Lombard St

Remarks, _____

8940003955

RETURN OF A BIRTH. 57233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 of June 1894.

4. Place of Birth, (Street and Number) 209. N. Castle St.

5. Full Name of Mother, Elizabeth Rodmann

6. Mother's Maiden Name, Elizabeth Polzer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Johann Rodmann

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, (or other person who makes this Return) Mrs Ida Hille

Address, 207. N Castle St

Remarks, none

RETURN OF A BIRTH. 57234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall to report its birth to the Commissioner of Health, in the manner and within the time herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) girl
3. Race or Color, (if not of the white race) _____
4. Date of Birth. 26 June
5. Place of Birth, (Street and Number) 7416 Paul St.
6. Full Name of Mother, Josephine Schwachhoff
7. Mother's Maiden Name, Salmer
8. Mother's Birthplace, Ball.
9. Full Name of Father, Thomas Schwachhoff
10. Father's Occupation, Ironworker
11. Father's Birthplace, Ball.
12. Name of Medical Attendant, or other person who makes this Return, Anne Walker
13. Address, 728 N. Cal St.
14. Remarks, _____

1 8 9 4 0 0 0 3 9 5 7

RETURN OF A BIRTH. 57235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *June 24th 1894*
 4. Place of Birth, (Street and Number) *No. 1239 W. Lombard.*
 5. Full Name of Mother, *Justina H. De Baufre*
 6. Mother's Maiden Name, *" " " " Powers*
 7. Mother's Birthplace, *Baltimore.*
 8. Full Name of Father, *William H. De Baufre*
 9. Father's Occupation, *Cigar-Maker.*
 10. Father's Birthplace, *Baltimore.*
 Name of Medical Attendant, or other person who makes this Return, *Annie Lindner*
 Address, *No. 106 S. Wabash St.*
 Remarks,

18940003958

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines, and forfeitures are recoverable.

RETURN OF A BIRTH. 57236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Born
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 24 June
 4. Place of Birth, (Street and Number) 577 N. Euter St.
 5. Full Name of Mother, Amelia Beck
 6. Mother's Maiden Name, Amelia Deane
 7. Mother's Birthplace, Baltimore, Md.
 8. Full Name of Father, Alfred Beck
 9. Father's Occupation Bookbinder
 10. Father's Birthplace, Philadelphia
 Name of Medical Attendant, or other person who makes this Return, Mrs. G. Kirk Michener
 Address, No 506 N. Thigpen St.
 Remarks,

18940003959

any person who shall in the manner and within the period above required, and in violation of the provisions of this section, fail to comply with the provisions of this section, shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

57237

2nd Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female).

2. Race or Color (if not of the white race).

3. Date of Birth.

4. Place of Birth (Street and Number).

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Report.

Address

Remarks

Female
White
June 24th 2 25 - 9 M 1894
27 S. Bond St
Mellie George
Mellie George
Burns and Pitt
Adam
Metal Worker
Balt's.
James E. Driville M.D.

1901 Balt's St East

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

RETURN OF A BIRTH. 57238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24th of June 94

4. Place of Birth, (Street and Number) 1209 Schmallwood St.

5. Full Name of Mother, Bertha Klatt

6. Mother's Maiden Name, Bertha Diesterhoff

7. Mother's Birthplace, Germany

8. Full Name of Father, Gustaph Klatt

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W. Pratt St.

Remarks,

8940003961

ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 24th June

4. Place of Birth, (Street and Number) 1907 G. Ashland Ave

5. Full Name of Mother, Maggie H. Ellmeyer

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Germany

8. Full Name of Father, George H. Ellmeyer

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. S. G. Goss

Address, 1907 G. Ashland Ave

Remarks,

8 4 0 0 0 3 9 6 2

and no person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race). White

3. Date of Birth. June 24th '94

4. Place of Birth, (Street and Number) 45 S. Carrollton Ave.

5. Full Name of Mother, Ellen Meakins

6. Mother's Maiden Name, " O'Donnell

7. Mother's Birthplace, Ireland

8. Full Name of Father, Edward Meakins

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, F. B. Gardner

Address, 424 N. Greene St.

Remarks,

8940003963

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Persons who fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Bl.

3. Date of Birth, June 24 - 1894.

4. Place of Birth, (Street and Number) 711 Billew St.

5. Full Name of Mother, Freda Paul

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Virginia

8. Full Name of Father, George Anderson

9. Father's Occupation, unknown

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, John Bonisco M.D.

Address, City Hospital -

Remarks, _____

1 8 9 4 0 0 0 3 9 6 4

RETURN OF A BIRTH. 57242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1st
2. Sex, (state whether male or female)... Male
3. Race or Color, (if not of the white race)... White
4. Date of Birth... June 21, 94
5. Place of Birth, (Street and Number)... Maternity Hospital 1126 Lombard St
6. Full Name of Mother... Alice Collins
7. Mother's Maiden Name... Alice Collins
8. Mother's Birthplace... Maryland
9. Full Name of Father... X
10. Father's Occupation... Y
11. Father's Birthplace...
12. Name of Medical Attendant, or other person who makes this Return... Alfred J. Gundry M.D.
13. Address... Maternity Hospital
14. Remarks... 8940003965

RETURN OF A BIRTH. 57243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such fee for persons who shall hereafter fail to comply with the provisions of this section shall be subject to the same as other fines and forfeitures are recoverable, and to the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, June 25 911
5. Place of Birth, (Street and Number) Maternity Hospital 1124 Lombard St
6. Full Name of Mother, Georgia White
7. Mother's Maiden Name, Georgia White
8. Mother's Birthplace, Maryland
9. Full Name of Father, V
10. Father's Occupation, V
11. Father's Birthplace, V
12. Name of Medical Attendant, or other person who makes this Return, Arthur L. Lundy M.D.
13. Address, Maternity Hospital
14. Remarks, _____

1 8 9 4 0 0 0 3 9 6 6

RETURN OF A BIRTH. 57244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 25th 1894

4. Place of Birth, (Street and Number)

1717 N. Caroline St

5. Full Name of Mother,

Lizzie Staylor Tillman

6. Mother's Maiden Name,

Lizzie Staylor

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Adolphus J. Tillman

9. Father's Occupation,

Clerk

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return,

Dr G. G. Rusk

Address,

2000 E Baltimore St

Remarks,

Natural delivery

8940003967

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57243-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether 1st, 2d, 3d, &c.) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth. June 25/94

4. Place of Birth, (Street and Number) 1002 Curley sts.

5. Full Name of Mother, Mary Jayer

6. Mother's Maiden Name, Connelley

7. Mother's Birthplace, Balto.

8. Full Name of Father, Michael Jayer

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seinenhofer

Address, 2225 Gough str

Remarks, _____

1 8 9 4 0 0 0 3 9 6 8

RETURN OF A BIRTH.

59246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

June 25th 1894.

4. Place of Birth, (Street and Number)

1828 W. Calhoun St.

5. Full Name of Mother,

Maggie L. Bowen.

6. Mother's Maiden Name,

Maggie L. Hughes.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Thomas E. Bowen.

9. Father's Occupation,

Salesman.

10. Father's Birthplace,

Balto. City.

Name of Medical Attendant, or other person who makes this Return.

John Kensington M.D.

Address,

1716 Linden Ave.

Remarks,

18940003969

ected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

2. Sex, (state whether male or female)...

3. Race or Color, (if not of the white race)...

4. Date of Birth...

5. Place of Birth, (Street and Number)...

6. Full Name of Mother...

7. Mother's Maiden Name...

8. Mother's Birthplace...

9. Full Name of Father...

10. Father's Occupation...

11. Father's Birthplace...

Name of Medical Attendant, or other person who makes this Return...

Address...

Remarks...

1894 03970

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 57248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d child*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth. *June 25th*
4. Place of Birth, (Street and Number) *1132 Huntington Ave.*
5. Full Name of Mother, *Clara Watter Clark*
6. Mother's Maiden Name, *Clara Watter*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jesse Clark*
9. Father's Occupation, *motorman*
10. Father's Birthplace, *Reading - Pa.*
- Name of Medical Attendant, or other person who makes this Return. *Elizabeth Zimmerman*
- Address, *Hampton*
- Remarks, *18940003971*

RETURN OF A BIRTH 57249 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (State whether male or female) female
 2. Race or color, (if not of the white race) white
 3. Date of Birth, 25 June
 4. Place of Birth, (Street and Number) 864 Mangold St.
 5. Full Name of Mother, Sophia H. Kruse.
 6. Mother's Maiden Name, Sophia H. Wahaus.
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Herman G. Kruse.
 9. Father's Occupation, Labor
 10. Father's Birthplace, Essen Germany.
- Name of Medical Attendant, Mary B. Kestler
or other person who makes this Return.
- Address, 105 Green St
- Remarks, 18940003972

CERTIFICATE CORRECTED 4-20-51

RETURN OF A BIRTH.

59250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any other person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.
1. Sex, (state whether male or female) Boy Henry Letcher Honemann
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25th 1894
4. Place of Birth, (Street and Number) 1113 Barclay St
5. Full Name of Mother, Mary Honemann Honemann
6. Mother's Maiden Name, Mary Ludwig
7. Mother's Birthplace, Shrewsbury Pa.
8. Full Name of Father, Herman Honemann Honemann
9. Father's Occupation, Baggage Master B. & P. R. R.
- Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Wilmer Barton M.D.,
- Address, S. W. Cor. Calvert + Preston Sts
- Remarks, _____

1 8 9 4 0 0 0 3 9 7 3

RETURN OF A BIRTH. 57257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *June 25 1892*
 4. Place of Birth, (Street and Number) *1267 N. Spring St*
 5. Full Name of Mother, *Mary Chaney*
 6. Mother's Maiden Name, *Mary Teals*
 7. Mother's Birthplace, *Rockingham County Va.*
 8. Full Name of Father, *Richard Chaney*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Montgomery County Va.*
 Name of Medical Attendant, or other person who makes this Return, *Peggie Hildmale*
 Address, *1736 Ashland Ave*
 Remarks, *Put in 1892 & 1894*

8 9 4 0 0 0 3 9 7 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall licen-
 sers fail to comply with the provisions of this section shall be sub-
 ject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *June 25, 1894*
4. Place of Birth, (Street and Number) *813 Madison Ave.*
5. Full Name of Mother, *Luz V. Vanaalsteyne*
6. Mother's Maiden Name, *Matheiss*
7. Mother's Birthplace, *md*
8. Full Name of Father, *Albert B. Vanaalsteyne*
9. Father's Occupation, *Cigar packer*
10. Father's Birthplace, *N. Y.*
- Name of Medical Attendant, or other person who makes this Return, *G. Lane Taneyhill*
- Address, *1103 Madison Ave.*
- Remarks,

18940003975

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

Colored

4. Date of Birth,

June 26th 1894

5. Place of Birth, (Street and Number)

#643 Lanvale st

6. Full Name of Mother,

Bessie Adams

7. Mother's Maiden Name,

" " Holland

8. Mother's Birthplace,

Elk Ridge Howard County Md

9. Full Name of Father,

James Augustus Adams

10. Father's Occupation,

Boiler

11. Father's Birthplace,

Harford County

Name of Medical Attendant, or other person who makes this Return

H. J. Fissett

Address,

#643 Dolphin St

Remarks,

1 8 9 4 0 0 3 9 7 6

GIVEN NAME ADDED 9-5-56
RETURN OF A BIRTH. 57254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alvina Martha Irene Habkemeier
of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
Female

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,.....

Address,.....

Remarks,.....

1 8 9 4 0 0 0 3 9 7 7

RETURN OF A BIRTH. 57255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) 9.
male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25. Jan'y
4. Place of Birth, (Street and Number) 813 Grand street,
Gettysburg
5. Full Name of Mother, Pompeh
6. Mother's Maiden Name, Germany
7. Mother's Birthplace, Shade Brook
8. Full Name of Father, John
9. Father's Occupation, Germany
10. Father's Birthplace, Germany
- Name of Medical Attendant, Mrs D. L. L. L. L.
1225 Hare street,
- Address,
- Remarks,

18940003978

RETURN OF A BIRTH

57256

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NAME: MARY MIRIAM ^{1st} LEVIN

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Sex (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7
W
June 25, 1894
609 Ainslie St
Jennie Elaine Levin
Jennie Deitz
Prussia
Louis Levin
Tailor
Prussia -
Alfred Whitehead, M.D.
6. S. E. 1st St

6940003979

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 2. Sex, (state whether male or female) girl
 3. Race or Color, (if not of the white race) 26 June
 4. Date of Birth, 1934 League St
 5. Place of Birth, (Street and Number) Princess Margaret
 6. Full Name of Mother, Princess Margaret
 7. Mother's Maiden Name, Ball
 8. Mother's Birthplace, Willie Haines
 9. Full Name of Father, Ball
 10. Father's Occupation, Ball
 11. Father's Birthplace, Ball
 Name of Medical Attendant, or other person who makes this Return, _____
 Address, _____
 Remarks, _____

18940003980

RETURN OF A BIRTH. 57259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalties for each offence to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940003981

RETURN OF A BIRTH 57257

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd
 Sex. (state whether male or female) m
 Race or Color, (if not of the white race) W
 Date of Birth, June 25. 1894
 Place of Birth, (Street and Number) 1401 Fayette
 Full Name of Mother, Mary Roseman
 Mother's Maiden Name, - Coplen
 Mother's Birthplace, Russia
 Full Name of Father, Aaron Roseman
 Father's Occupation, Grocer
 Father's Birthplace, Russia
 Name of Medical Attendant, or other Person who makes this Return, Alphonse Antelme M.D.
 Address, S. S. Schott
 Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th 1894
4. Place of Birth, (Street and Number) 2113 North Ave.
5. Full Name of Mother, Apolonia Getz
6. Mother's Maiden Name, Grob
7. Mother's Birthplace, Balto. City
8. Full Name of Father, George E. Getz
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto. City
- Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M. D.
- Address, 1219 N. Caroline St.
- Remarks, _____

18940003983

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 57261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 3 9 8 4

RETURN OF A BIRTH. 57262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *26th June 1894*
 4. Place of Birth, (Street and Number) *811 Columbia Ave*
 5. Full Name of Mother, *Mary Elizabeth Wicchinan*
 6. Mother's Maiden Name, *Blair*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Charles Wicchinan*
 9. Father's Occupation, *Shoe Cutter*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Susan Hunter*
 Address, *2341 Poppleton St*
 Remarks,

8940003985

RETURN OF A BIRTH. 57263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleventh*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 26th 1894*
4. Place of Birth, (Street and Number) *Hospital of the Good Samaritan, 1030 N. E. St.*
5. Full Name of Mother, *Mary Starch*
6. Mother's Maiden Name, *Mary M. Chertney*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Henry Starch*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other person who makes this Return, *Ida Pollack M.D.*
- Address, *1030 McCulloch St.*
- Remarks,

8940003986

RETURN OF A BIRTH. 57264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 27 A. 1894

4. Place of Birth, (Street and Number)

26-334 Bruce St.

5. Full Name of Mother,

Mary Crommel

6. Mother's Maiden Name,

Rice

7. Mother's Birthplace,

Oakland Cal.

8. Full Name of Father,

Wm. Crommel

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Annie Lindner

Address,

26-106 S. Monroes St.

Remarks,

18940003987

to be filled out by the Registrar of Vital Statistics, Baltimore City, and to be filed in the office of the Registrar of Vital Statistics, Baltimore City, and to be filed in the office of the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH 57265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) F.
 2. Race or Color, (if not of the white race) W.
 3. Date of Birth, 26 June 1894,
 4. Place of Birth, (Street and Number) 620 Barlow St,
 5. Full Name of Mother, Minnie Tracy,
 6. Mother's Maiden Name, Webster,
 7. Mother's Birthplace, Alleghany Co. Md.,
 8. Full Name of Father, Gilbert B. Tracy,
 9. Father's Occupation, Carpenter,
 Father's Birthplace, Balto. City,
 Name of Medical Attendant, or other person who makes this Return, J. L. Doyle M.D.
 Address, 1007 W. Lammale
 Remarks,

1 8 4 4 0 0 0 3 9 8 8

NAME CHANGED BY COURT, JUNE 18-29-57
 RETURN OF A BIRTH. 57266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940003989

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *III*
2. Sex, (state whether male or female) *Girl*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *June 26/14*
5. Place of Birth, (Street and Number) *503 S. Bradford str.*
6. Full Name of Mother, *Elizabeth Barr*
7. Mother's Maiden Name, *McCreary*
8. Mother's Birthplace, *New York*
9. Full Name of Father, *Geo. W. Barr*
10. Father's Occupation, *Clerk*
11. Father's Birthplace, *New York*
12. Name of Medical Attendant, or other person who makes this Return, *Mrs. Suisenhofer*
- Address, *2225 Gough str.*
- Remarks, _____

RETURN OF A BIRTH. 57268 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940003991

Persons failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *June 26 1894*
4. Place of Birth, (Street and Number) *Carroll Stafford Street*
5. Full Name of Mother, *Place C Williams*
6. Mother's Maiden Name, *Place C Williams*
7. Mother's Birthplace, *Baltimore Co MD*
8. Full Name of Father, *X / X*
9. Father's Occupation, *X / X*
10. Father's Birthplace, *X / X*
- Name of Medical Attendant, or other person who makes this Return, *Mrs C Elizabeth Wike*
- Address, *Carroll Baltimore City*
- Remarks, _____

18940003992

RETURN OF A BIRTH. 57270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27/94
4. Place of Birth, (Street and Number) 633 S. Chester str.
5. Full Name of Mother, Annie Lotz
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Lotz
9. Father's Occupation, Saloonkeeper
- Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Seidenhofer
- Address, 2125 Gough str.
- Remarks, _____

RETURN OF A BIRTH. 57271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

1 8 9 4 0 0 0 3 9 9 4

RETURN OF A BIRTH. 57272 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth. *June 27 1883*

4. Place of Birth. (Street and Number) *Watts*

5. Full Name of Mother. *Mary D*

6. Mother's Maiden Name. *Baltimore*

7. Mother's Birthplace. *Baltimore*

8. Full Name of Father. *Charles F. Fisher*

9. Father's Occupation. *412 South St*

10. Father's Birthplace. *Baltimore*

11. Name of Medical Attendant. *Dr. Keeney*

Address. *412 South St*

Remarks. *or other persons who makes this return.*

RETURN OF A BIRTH. 57273 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 27/94

4. Place of Birth, (Street and Number) 7418 Montford Ave.

5. Full Name of Mother, Mary Haberts

6. Mother's Maiden Name, Simig

7. Mother's Birthplace, Balto.

8. Full Name of Father, Gerhardt Haberts

9. Father's Occupation, Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 3225 Gough Str.

Remarks, _____

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

June 28th 1894

4. Place of Birth, (Street and Number)

416 N. Washington St

5. Full Name of Mother,

Bessie Hart

6. Mother's Maiden Name,

Deanne

7. Mother's Birthplace,

Joe Hart

8. Full Name of Father,

Carpenter

9. Father's Occupation

Deanne

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Mary Koptes

Address,

205 N. Washington

Remarks.

8940003997

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th 1894.
4. Place of Birth, (Street and Number) 928 E. Chester St.
5. Full Name of Mother, Mary Vetch.
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Vetch
9. Father's Occupation, Taylor
10. Father's Birthplace, Bohemia
Name of Medical Attendant, or other person who makes this Return, Mary Kepke
Address, 205 W. Washington St.
Remarks,

18940003998

GIVEN NAME ADDED 12-7-65

RETURN OF A BIRTH.

57376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Wesley Logan Cassell

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 28/94

4. Place of Birth, (Street and Number) South Hill Park

5. Full Name of Mother, Annie Cassell

6. Mother's Maiden Name, Annie Harrison

7. Mother's Birthplace, Puerto Rico

8. Full Name of Father, W. E. McPherson

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. C. Folsom

Address, 2038 Madison Ave

Remarks,

8940003999

GIVEN NAME ADDED. 2-11-57
RETURN OF A BIRTH.

2979
57277

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Naomi Esther Amendt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 28th, 1894

4. Place of Birth (Street and Number) 1657 E. Balto St

5. Full Name of Mother Mary E. Amendt

6. Mother's Maiden Name M. Catharine Lemhardt

7. Mother's Birthplace Balto City

8. Full Name of Father Fred. Wm. Amendt

Father's Occupation Provisions

Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return Frank E. Amosville M.D.

Address 1701 Balto St East

Remarks

1 8 9 4 0 0 0 4 0 0 0

RETURN OF A BIRTH. 57278 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~State whether 1st, 2nd, 3rd, &c.~~)

Sex, (~~State whether male or female~~)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 28th 1890

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Lelia Humphreys

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Balto

8. Full Name of Father, Robert Humphreys

9. Father's Occupation, Wailer

10. Father's Birthplace, Charles Co Md

Name of Medical Attendant, or other person who makes this Return, P. Kentz

Address, Gen W Franklin St

Remarks, Lost

8940004001

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clara Ella Howard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... Colored
3. Date of Birth,..... 21 June 1894
4. Place of Birth, (Street and Number)..... 2111 1/2
5. Full Name of Mother,..... Sarah Ann T
6. Mother's Maiden Name,..... M. G. G. G. G.
7. Mother's Birthplace,.....
8. Full Name of Father,..... William G. G. G.
9. Father's Occupation,.....
10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 4 0 0 2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: John W. Smith
 of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2d child

Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

June 29, 1894

3. Date of Birth.

4. Place of Birth, (Street and Number)

113 Backus Ave.

5. Full Name of Mother.

Clarence Smith

6. Mother's Maiden Name.

Clarence Prestone

7. Mother's Birthplace.

Balt

8. Full Name of Father.

George Smith

9. Father's Occupation.

Belt

Father's Birthplace.

M. R. Barker

Name of Medical Attendant, or other person who makes this Return.

213 E. North St

Address.

Spring Hill

Remarks.

18940004003

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

child in report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 9-22-58

58281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nelen Edmondson / *1st Gambrell*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 29th '94

4. Place of Birth, (Street and Number)

913 St Paul St

5. Full Name of Mother

Gabrielle E. ~~Clarke~~ Gambrell

6. Mother's Maiden Name

Clarke

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chauncey Gambrell

9. Father's Occupation

None

10. Father's Birthplace

Brooklyn N.Y

Name of Medical Attendant, or other person who makes this Return

Thomas Opier

Address

219 W. Monument St

Remarks

1 8 9 4 0 0 0 4 0 0 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period here required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8740004005

RETURN OF A BIRTH. 57283 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth. June 29

4. Place of Birth, (Street and Number) 914 Green St

5. Full Name of Mother. Mary Girma

6. Mother's Maiden Name. " "

7. Mother's Birthplace. Bohemia

8. Full Name of Father. Matthias Girma

9. Father's Occupation. Tailor

10. Father's Birthplace. Bohemia

Name of Medical Attendant, or other person who makes this Return. Mrs M. Worspaan

Address. 12 South St.

Remarks.

8940004006

Child to report its birth to the Commissioner of Health in the manner and within the period above required, and to file a copy of this return with the Registrar of Vital Statistics, and to pay the fee hereon, and to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth.
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace.
Name of Medical Attendant, or other person who makes this Return.
Address.
Remarks,
1 8 9 4 0 0 0 4 0 0 7

2d child
Female
White
June 30 1894
1724 Johnson St
Mary Terrace
Mary Montgomery
Baltimore
Charles Francis
Baltimore
M. R. Caskey
213 E. North St
Springfield

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 1. Sex, (state whether male or female) Colored twins females
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, June 30 - 1894
 4. Place of Birth, (Street and Number) 936 Little Pine St Baltimore
 5. Full Name of Mother, Fannie Ely
 6. Mother's Maiden Name, Fannie Hall
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Samuel Ely
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return, Charlotte Goldborough
 Address, 1115 Division St Balto
 Remarks, twins both female

RETURN OF A BIRTH. 57284 Registrar of Vital Statistics, Board of Health, Baltimore City.

1. (state whether 1st, 2d, 3d, &c.) 2d child

2. (state whether male or female) Female

3. (if not of the white race)

4. Race

5. Date of Birth

6. Place of Birth. (Street and Number)

7. Full Name of Mother

8. Mother's Maiden Name

9. Mother's Birthplace

10. Full Name of Father

11. Father's Occupation

12. Father's Birthplace

13. Name of Medical Attendant

14. Address

15. Remarks

or other person who makes this Return

8440004007

CORRECTION

The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH 37283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 Sex, (state whether male or female) Colored twins females
 Race or Color, (if not of the white race) Colored
 Date of Birth, June 30 - 1894
 Place of Birth, (Street and Number) 936 Little Pine St Baltimore
 Full Name of Mother, Fannie Ely
 Mother's Maiden Name, Fannie Hall
 Mother's Birthplace, Baltimore
 Full Name of Father, Samuel Ely
 Father's Occupation, Laborer
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return, Charlotte Goldsborough
 Address, 1115 Division St Balto
 Remarks, twins both female
 18940604008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, June 30 1894

4. Place of Birth, (Street and Number) 665 W Franklin St

5. Full Name of Mother, Ellie Odenthal

6. Mother's Maiden Name, Pasanno

7. Mother's Birthplace, Balto

8. Full Name of Father, Lucien Odenthal

9. Father's Occupation, Musician

10. Father's Birthplace, France

Name of Medical Attendant, or other person who makes this Return.

Address, 665 W Franklin

Remarks, L.O.F.

Pearl King, M.D.

1 8 9 4 0 0 0 4 0 0 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

57289

Noted to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race). White
3. Date of Birth, June 30 - 1894
4. Place of Birth, (Street and Number). 1108 Law St
5. Full Name of Mother, Isabella Oppenheimer
6. Mother's Maiden Name, Isabella
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac Oppenheimer
9. Father's Occupation, Salesman
10. Father's Birthplace, France
11. Name of Medical Attendant, or other person who makes this Return, Rev. M. Elias
- Address, #1222 Mc-Elderry St
- Remarks, 1501

8940004010

RETURN OF A BIRTH. 57288 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Jan 20, 1894

4. Place of Birth, (Street and Number) 1105 Kintola St.

5. Full Name of Mother, Bertha West

6. Mother's Maiden Name, Bertha Simpson

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, George West

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. W. L. Brown

Address, 704 E. E. St.

Remarks,

8940004011

RETURN OF A BIRTH. 57289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female)... *Male*
2. Race or Color, (if not of the white race)... *White*
3. Date of Birth... *30 June 1894*
4. Place of Birth, (Street and Number)... *12 Market Place*
5. Full Name of Mother... *Theresa O'Riordan*
6. Mother's Maiden Name... *Lawson*
7. Mother's Birthplace... *Russia*
8. Full Name of Father... *Thomas O'Riordan*
9. Father's Occupation... *Carpenter*
10. Father's Birthplace... *Russia*
- Name of Medical Attendant, or other person who makes this Return... *E. Schenck*
- Address... *12 Colburn St*
- Remarks...

18940004012

RETURN OF A BIRTH. 57290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 1*
 4. Place of Birth, (Street and Number) *1009 Tremount St*
 5. Full Name of Mother, *Delia King*
 6. Mother's Maiden Name, *11*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Mill Justice*
 9. Father's Occupation *Black*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Woodson*
 Address, *588 Tremount Ave.*
 Remarks,

18940004013

RETURN OF A BIRTH.

57291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....5

1. Sex, (state whether male or female).....girl

2. Race or Color, (if not of the white race).....

3. Date of Birth.....1 June

4. Place of Birth, (Street and Number).....1218 Chase St.

5. Full Name of Mother.....Maggie Wagnagel

6. Mother's Maiden Name.....Rosenberger

7. Mother's Birthplace.....Germany

8. Full Name of Father.....Michael Wagnagel

9. Father's Occupation.....printer

10. Father's Birthplace.....Germany

Name of Medical Attendant, or other person who makes this Return.....James Miller

Address.....728 N. Cal. St.

Remarks.....

1 8 9 4 0 0 0 4 0 1 4

any such person of persons who shall be liable to be recovered as other fines and forfeitures are recoverable, to be recovered as other fines and forfeitures are recoverable, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian Ann Rosenberg

1. *Age of Child of Mother.* (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd June 1894
4. Place of Birth, (Street and Number) 157 High St.
5. Full Name of Mother, Fannie Rosenberg
6. Mother's Maiden Name, Goldman
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Rosenberg
9. Father's Occupation, tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8940004015

RETURN OF A BIRTH. 57293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First 1st

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

June 1st 1894

4. Place of Birth, (Street and Number).

839 Howard St

5. Full Name of Mother,

Julia Spillman

6. Mother's Maiden Name,

Maria Englar

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Herman Spillman

9. Father's Occupation,

Knickerbocker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mr H. Wessenzehl

Address,

543 Mc Section St

Remarks,

18940004018

RETURN OF A BIRTH. 57294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2, 1894

4. Place of Birth, (Street and Number) 1425 W. Lexington St

5. Full Name of Mother, Minnie Thompson

6. Mother's Maiden Name, Minnie Thompson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Thompson

9. Father's Occupation, Boat Builder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. R. Casper

Address, 243 E. Heath St

Remarks, Going Well

8940004017

Sealed to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57295-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *June 3rd 94*
 4. Place of Birth, (Street and Number) *419 Pinkney Place*
 5. Full Name of Mother, *Mary J. Lenley*
 6. Mother's Maiden Name, *Mrs. J. Mersmann*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Walter R. Lenley*
 9. Father's Occupation, *Drumman*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Woodson*
 Address, *883 Greenmount Ave*
 Remarks,

8940004018

RETURN OF A BIRTH. 57296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1894
4. Place of Birth, (Street and Number) 212 Bond St.
5. Full Name of Mother, Gianna Cipriani
6. Mother's Maiden Name, Flaminio
7. Mother's Birthplace, Massachusetts
8. Full Name of Father, William R. Cipriani
9. Father's Occupation, Carriage Driver
10. Father's Birthplace, Massachusetts
11. Name of Medical Attendant, or other person who makes this Return, E. Thomas
- Address, 72 Calverton St.
- Remarks, 18940004019

RETURN OF A BIRTH. 57297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940004020

RETURN OF A BIRTH. 57298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 16, 1894

4. Place of Birth, (Street and Number) 204 Kinder St

5. Full Name of Mother, Maggie Leager

6. Mother's Maiden Name, Maggie Walker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Esf Leager

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. R. Cuskey

Address, 213 E. Heath St

Remarks, Spring Hill

1 8 9 4 0 0 0 4 0 2 1

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

penalty to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female). *Female*
2. Race or Color, (if not of the white race). *White*
3. Date of Birth, *June 8 1894*
4. Place of Birth, (Street and Number). *725 Greenmount Ave*
5. Full Name of Mother, *Mrs Greenberg*
6. Mother's Maiden Name, *Winstroper*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *Samuel Greenberg*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, *E. Shuman*
or other person who makes this Return.
- Address, *22 Atlantic St*
- Remarks, _____

1 8 9 4 0 0 0 4 0 2 2

RETURN OF A BIRTH. 57300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 9 1893

4. Place of Birth, (Street and Number) 1023 Chase St.

5. Full Name of Mother, Julius H. Hanes

6. Mother's Maiden Name, Buchhalter

7. Mother's Birthplace, Germany

8. Full Name of Father, Julius H. Hanes

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie H. Hanes

Address, 600 Linden St. N. E.

Remarks,

RETURN OF A BIRTH. 57311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 8 1894*
 4. Place of Birth, (Street and Number) *225 W. Randall St*
 5. Full Name of Mother, *Matilda Carter*
 6. Mother's Maiden Name, *Matilda Hurt*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John Carter*
 9. Father's Occupation, *Driver*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *W. R. Jackson*
 Address, *213 E. St. Street*
 Remarks, *Spring Well*

+ 8 9 4 0 0 0 4 0 2 4

RETURN OF A

To the Office of Registrar of Vital Statistics, Board

of Child of Mother, (state whether 1st, 2d, 3d, &c.)—*Sixth*

1. Sex, (state whether male or female). *Male*

2. Race or Color, (if not of the white race). *White*

3. Date of Birth, *June 8th 1894*

4. Place of Birth, (Street and Number). *601 Chestnut St*

5. Full Name of Mother, *Amelia Lustman*

6. Mother's Maiden Name, *Amelia Ficker*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *George Lustman*

9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Wm H. Messenger*

Address, *543 N. Maiden Ln*

Remarks, _____

18940004025

RETURN OF A BIRTH. 57363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any area person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
 2. Sex, (state whether male or female) *Male*
 3. Race or Color, (if not of the white race) *White*
 4. Date of Birth, *June 8, 1894*
 5. Place of Birth, (Street and Number) *22 Henrietta St.*
 6. Full Name of Mother, *Jennie Snow*
 7. Mother's Maiden Name, *Jennie Smith*
 8. Mother's Birthplace, *Baltimore*
 9. Full Name of Father, *Eager Snow*
 10. Father's Occupation, *Carpenter*
 11. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *M. R. Gaskoy*
 Address, *213 E. North St.*
 Remarks, *Living Well*

1 8 9 4 0 0 0 4 0 2 6

COPIES HAVE BEEN ADDED 3-7-60
RETURN OF A BIRTH. 57304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Stanley Maxwell Byers
4th Male

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 8 1894

4. Place of Birth, (Street and Number) 133 E. North St

5. Full Name of Mother, Ida R. Byers

6. Mother's Maiden Name, Ida R. Byers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, (James) James Byers

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. K. Gaskin

Address, 133 E. North St

Remarks, Living Well

8940004027

Any person or persons who shall refuse or fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NAME ADDED 9-28-55
RETURN OF A BIRTH.

57305

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Mary Holt Debnam

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) ✓

3. Date of Birth June 9, 1894

4. Place of Birth (Street and Number) E. E. Cor. 8th & 21st

5. Full Name of Mother Clara May

6. Mother's Maiden Name Clara May Koch

7. Mother's Birthplace Portsmouth Va.

8. Full Name of Father George R. Debnam

9. Father's Occupation Pharmacist

Father's Birthplace North Carolina

Name of Medical Attendant, or other Person who makes this return

J. R. Baden M.D.
2105 Calumet St. Balt.

Address

Remarks

18940004028

RETURN OF A BIRTH. 57306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No report is made to the Registrar of Births in the manner above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 10, 1894
 4. Place of Birth, (Street and Number) 252 Winder St.
 5. Full Name of Mother, Mary Bookholt
 6. Mother's Maiden Name, Mary Ray
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Bookholt
 9. Father's Occupation, John Laborer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, M. R. Caskey or other person who makes this Return.
 Address, 213 E. Heath St.
Spring Well
 Remarks, _____

1 8 9 4 0 0 0 4 0 2 9

RETURN OF A BIRTH. 57307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940004030

RETURN OF A BIRTH. 57308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth 1st*
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *June 12th 1894*
 Place of Birth, (Street and Number) *2812 1/2 Larry St*
 Full Name of Mother, *Lillie Ranshaw*
 Mother's Maiden Name, *Delia Mc Larnell*
 Mother's Birthplace, *Balto*
 Full Name of Father, *John Ranshaw*
 Father's Occupation, *Crisper*
 Father's Birthplace, *Balto*
 Name of Medical Attendant, or other person who makes this Return, *Wm A Messersmith*
 Address, *543 Mc Meekin St*
 Remarks, _____

18940004031

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57309

GIVEN NAME ADDED 11-29-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *George Edward White*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(4)

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

12th June 1894

4. Place of Birth, (Street and Number)

1609 St. Joseph St

5. Full Name of Mother,

Innie White

6. Mother's Maiden Name,

" Warner

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John E White

9. Father's Occupation,

Car Maker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs. Julia G. Gorman

Address,

744 E. Lexington St

Remarks,

1 8 9 4 0 0 0 4 0 3 2

RETURN OF A BIRTH. 573111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

See each person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1st child
Male

White

June 13, 1894

1912 S. Charles St

Louise Stroops

Louise Weaver

Baltimore

Henry Stroops

Printer

Baltimore

Wm. R. Gaskin

213 E. 2nd St

Hoing Well

18940004033

RETURN OF A BIRTH. 57311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *First 1st*

Sex, (state whether male or female)... *Male*

Race or Color, (if not of the white race)... *White*

Date of Birth... *June 16th 1874*

Place of Birth, (Street and Number)... *124 N. Pava St*

Full Name of Mother... *Florence Spangman*

Mother's Maiden Name... *Florence Bunker*

Mother's Birthplace... *M^c Holly Spring Pa*

Full Name of Father... *George M. Spangman*

Father's Occupation... *Cabaret*

Father's Birthplace... *Warren Pa*

Name of Medical Attendant, or other person who makes this Return... *Wm A. Bussard*

Address... *45 N. E. Street Pa*

Remarks, _____

8940304034

RETURN OF A BIRTH.

57312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 16/94

4. Place of Birth, (Street and Number)

708 Mosler St.

5. Full Name of Mother,

Mrs Jennie Reichel

6. Mother's Maiden Name,

Jennie Reichard

7. Mother's Birthplace,

Easton Pa.

8. Full Name of Father,

J Irving Reichel

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

C. A. Smith M.D.

Address,

2585 Osama Ave.

Remarks,

18940004035

Printed in the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 57313

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 1894
4. Place of Birth, (Street and Number) 1613 N. Register st.
5. Full Name of Mother, Mary E. Robinson
6. Mother's Maiden Name, Donnegys
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Oliver E. Robinson
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. City
- Name of Medical Attendant, or other person who makes this Return, E. B. Kenby, M. D.
- Address, 1219 N. Caroline st.
- Remarks, _____

8940004035

RETURN OF A BIRTH. 57314

GIVEN NAME ADDED 3-1-55
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Leona Platt

Female

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 28 1884

4. Place of Birth, (Street and Number)

112

Tr. & W. St.

5. Full Name of Mother,

Catherine Platt

6. Mother's Maiden Name,

Catherine Cozzell

7. Mother's Birthplace,

B. M.

8. Full Name of Father,

George H. Platt

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

B. M.

Name of Medical Attendant, or other person who makes this Return.

Wm. H. Mueser, M.D.

Address,

542 M. & W. St.

Remarks,

8940004037

Penalty for non-compliance: Any person who neglects to file this return shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 57315- To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (State whether male or female) Female

Race or color, (if not of the white race) white

Date of Birth, June 27-94

Place of Birth, (Street and Number) 1114 Angyle Ave

Full Name of Mother, Emma Newwarner

Mother's Maiden Name, Emma Manuel

Mother's Birthplace, W. Va

Full Name of Father, Walter P Newwarner

Father's Occupation, Teacher

Father's Birthplace, New Jersey

Name of Medical Attendant, Dr. Wiley M.D.

Address, 724 N. Leary St

Remarks,

18940001033

any such person or persons who shall heretofore fail to comply with the provisions of this act, or who shall be convicted of any offense under this act, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 7th June 1894

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Male

White

30 Calverly St.

Liza Stone

Edwards

Baltimore

Charlie C. Stone

Farmer

Baltimore

E. Farmer

42 Calverly St.

1 3940004039

RETURN OF A BIRTH. 57317 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)... Child

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... White

3. Date of Birth...

4. Place of Birth, (Street and Number)... 1426 Datas 1894

5. Full Name of Mother...

6. Mother's Maiden Name... Annie M Rattman

7. Mother's Birthplace... Baltimore

8. Full Name of Father... John Rattman

9. Father's Occupation...

10. Father's Birthplace... Bremen, Germany

Name of Medical Attendant, or other person who makes this Return...

Address... 1822 Light St Mrs E F Brooks

Remarks... Being Well

18940004040

RETURN OF A BIRTH. 57318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) White

4. Date of Birth, June 1st 1894

5. Place of Birth, (Street and Number) 1145 Jackson st

6. Full Name of Mother, Sarah Ackerman

7. Mother's Maiden Name,

8. Mother's Birthplace, Baltimore

9. Full Name of Father, Benjamin Ackerman

10. Father's Occupation,

11. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs L. Bornstein

Address, 122 S. Ecker st

Remarks,

1 8 9 4 0 0 0 4 0 4 1

any such person or persons who shall default in so complying with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 57319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 2 1894
4. Place of Birth, (Street and Number) 211 Chas. St
5. Full Name of Mother, Elizabeth A. Stewart
6. Mother's Maiden Name, Dunning
7. Mother's Birthplace, Balt.
8. Full Name of Father, Wm. Stewart
9. Father's Occupation, Justice
- Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Wm. R. Hibbs
- Address, 1802 E. Lexington St
- Remarks,

8940004042

RETURN OF A BIRTH. 57320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and the costs of the proceedings for the recovery thereof shall be paid by the person or persons so liable.

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *2 Jan 11*
4. Place of Birth, (Street and Number) *913 Lane 11*
5. Full Name of Mother, *Mary Rollman*
6. Mother's Maiden Name, *Hopkins*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *George Rollman*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *Thos R Kelly*
- Address, *302 E. Lexington*
- Remarks, _____

18940004043

RETURN OF A BIRTH. 57321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report to the Registrar of Vital Statistics, within the time specified in this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth Jan 2, 1911.

4. Place of Birth, (Street and Number) 1074 Greenmount Ave.

5. Full Name of Mother, Mary K. K. K. K. K.

6. Mother's Maiden Name, F. K. K. K. K.

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Charles H. K. K. K. K.

9. Father's Occupation Lawyer & Notary.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Dr. J. H. H. H. H. H.

Address. 1121 N. Caroline St.

Remarks.

8 9 4 0 0 0 4 0 4 4

RETURN OF A BIRTH. 57,322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 11 - 1894 - June 2nd*
4. Place of Birth, (Street and Number) *1151 N. Dutton Ave*
5. Full Name of Mother, *Ella S. Phelps*
6. Mother's Maiden Name, *Ogden*
7. Mother's Birthplace, *Pa.*
8. Full Name of Father, *Wm E. Phelps*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *Mar*
- Name of Medical Attendant, or other person who makes this Return. *John McFadden*
- Address, *1014 Franklin Ave*
- Remarks,

1 8 9 4 0 0 0 4 0 4 5

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th
Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 3/94

4. Place of Birth, (Street and Number)

1127 Clifton Place

5. Full Name of Mother,

Mary A. Brown

6. Mother's Maiden Name,

"Fanny.
Ballo

7. Mother's Birthplace,

8. Full Name of Father,

William E. Brown

9. Father's Occupation,

Painter

Father's Birthplace,

Ballo.

Name of Medical Attendant, or other person who makes this Return,

Edward D. Dault

Address,

208 Lexington St

Remarks,

1 8 9 4 0 0 0 4 0 4 6

RETURN OF A BIRTH. 57324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall hereafter fail to comply with the provisions of this act, or who shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Third
Female
White
June 2, 1894
1407 West
Mary M. Gallagher
Murphy
Ireland
John Gallagher
Stone mason
Ireland
J. B. Connelley M.D.
Cape & Widdow

8940004047

RETURN OF A BIRTH. 57325 GIVEN NAME ADDED 11-9-65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Joseph Cusack

Sex of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth.

4. Place of Birth. (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

11. Name of Medical Attendant, or other person who makes this return.

Address.

Remarks.

First

Male

White

June 5 1894

123 Baltimore St

Mary Cusack

Damon

Ireland

James Cusack

Laborer

Ireland

J. J. Cusack

J. Cusack

18940004048

RETURN OF A BIRTH. 57326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Second
Female
White
June 6, 1894
1214 Jackson
Susan McCarthy
Kathleen
New Jersey
John E. McCarthy
Machinist
New York
J. J. Bouché
Export Wharf

1 8 9 4 0 0 0 4 0 4 9

Child to report its birth to the Commissioner of Health, if the mother is within the period of the required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereunder fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1st.

1. Sex, (state whether male or female)... Male.

2. Race or Color, (if not of the white race)... White.

3. Date of Birth, June 7, 1941.

4. Place of Birth, (Street and Number) 178 N. Harrison St.

5. Full Name of Mother, Jessie Lee Burdette.

6. Mother's Maiden Name, Williamson.

7. Mother's Birthplace, Balto.

8. Full Name of Father, Francis King Burdette.

9. Father's Occupation, Fredrick.

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8940004050

RETURN OF A BIRTH. 57328

GIVEN NAME ADDED 5/22/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lena Marie Gill

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 7th 1894

4. Place of Birth, (Street and Number) 1201 E Pratt St

5. Full Name of Mother, Lena Marie Gill

6. Mother's Maiden Name, Jander

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Gill

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs R Cullen

Address, 3028 Loring St

Remarks,

1 8 9 4 0 0 4 0 5 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Boy
White

9 June
1612 Sea Reservoir St.

Rafi Green Kyevicz
Bernadikowska Bernadikowska

Germany
Vincent Green Kyevicz
Leberman

Germany

Presl
S. Bond Str. 838

18740004052

RETURN OF A BIRTH. 57330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether 1st, 2d, 3d, &c.) *Second*
2. Sex, (state whether male or female) *Boy*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *June 9 - 1894*
5. Place of Birth, (Street and Number) *26 S. Fulton Ave*
6. Full Name of Mother, *Laura Hubert*
7. Mother's Maiden Name, *Frances*
8. Mother's Birthplace, *Hartford Co. Me*
9. Full Name of Father, *Frank M. Hubert*
10. Father's Occupation, *Manager (Milk & Cream)*
11. Father's Birthplace, *Me.*
12. Name of Medical Attendant, (or other person who makes this Return, *John Keiff M.D.*
13. Address, *701 S. Fulton Ave*
14. Remarks, *18940004053*

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
in case of failure to do so, shall be liable to be fined and to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 7 June 1894

4. Place of Birth, (Street and Number) 811 Central Ave

5. Full Name of Mother, Maria Malaga

6. Mother's Maiden Name, Rich

7. Mother's Birthplace, Balt

8. Full Name of Father, Charles Malaga

9. Father's Occupation, Captain

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Wm. R. Ellick

Address, 1802 E. Lexington St

Remarks,

18940004054

RETURN OF A BIRTH. 57332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10th 1894
4. Place of Birth, (Street and Number) 1016 Valley St
5. Full Name of Mother, Elizabeth A. House
6. Mother's Maiden Name, Keen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. J. House
9. Father's Occupation, Boatman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Dr. B. Rossy, M.D.
or other person who makes this Return.
- Address, 200 E. Chase St.
- Remarks,

18940004055

RETURN OF A BIRTH. 57333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 10th 1894
 4. Place of Birth (Street and Number) 1333 E. Charles St.
 5. Full Name of Mother, Lizzie Dempewolf
 6. Mother's Maiden Name, Feldmann
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Otto Dempewolf
 9. Father's Occupation, Piano maker
 10. Father's Birthplace, New York
 Name of Medical Attendant, or other person who makes this Return, Mr. Gombel M.D.
 Address, 837 W. Fayette St.
 Remarks,

8940004056

CITY NAME ADDED 1-7-55
RETURN OF A BIRTH. 57334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Owens Gate
 of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Second male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth. *June 11, 1891*

4. Place of Birth, (Street and Number) *1829 Ave. 11th*

5. Full Name of Mother, *Anna E. Gale*

6. Mother's Maiden Name, *Shannon*

7. Mother's Birthplace, *Bapt*

8. Full Name of Father, *Henry J. Gale*

9. Father's Occupation, *Salisbury*

10. Father's Birthplace, *Bapt*

Name of Medical Attendant, or other person who makes this Return. *J. Brown*

Address. *J. Brown*

Remarks, _____

1 8 9 4 0 0 0 4 0 5 7

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
 any such person or persons who fail to comply with the provisions of this Act shall be sub-
 jected to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Catholic

3. Date of Birth, Jan 11

4. Place of Birth, (Street and Number) R. 4, near W. 2, parish alley

5. Full Name of Mother, S. J. Thomas

6. Mother's Maiden Name, C. J. Thomas

7. Mother's Birthplace, W. 1, the

8. Full Name of Father, W. 1, the

9. Father's Occupation, Driver of a wagon

10. Father's Birthplace, W. 1, the

Name of Medical Attendant, or other person who makes this Return, W. 1, the

Address, 337

Remarks, 18940004058

child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section shall be liable to a fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female), *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 12th 94*
 4. Place of Birth, (Street and Number) *1308 Valley St*
 5. Full Name of Mother, *Elfrida Kirschberg*
 6. Mother's Maiden Name, *West Kestly*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Fritz Kirschberg*
 9. Father's Occupation, *Crayon Artist*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return, *Dr. H. S. Lerner M.D.*
 Address, *1501 E. Bayside St*
 Remarks,

1 8 9 4 0 0 0 4 0 5 9

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be fined not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June The 12 1894*

4. Place of Birth, (Street and Number) *511 Madison St Waverly*

5. Full Name of Mother, *Mary Estella giegenhien*

6. Mother's Maiden Name, *Walker*

7. Mother's Birthplace, *Baltimore City Md*

8. Full Name of Father, *John W giegenhien*

9. Father's Occupation, *Ice driver*

10. Father's Birthplace, *Baltimore City Md*

Name of Medical Attendant, or other person who makes this Return, *Mary a Martin*

Address, *2804 Cedar avenue*

Remarks, *City*

18940004060

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who fail to comply with the provisions of this section, shall be sub-
jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person who neglects to report a birth to the Commissioner of Health, in the manner and within the period above required, and who is guilty of any such neglect, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other person who makes this Return,...

Address,...

Remarks,...

8940004061

RETURN OF A BIRTH. 57339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Jan 13

4. *Place of Birth.* (Street and Number).....

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. Mother's Birthplace. ~~_____~~ East

8. Full Name of Father,

9. *Father's Occupation* _____

9. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return.

Address, 1237

Remarks, _____

8 9 4 0 0 0 4 0 6 2

RETURN OF A BIRTH. 57340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Mamie Kerr

Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other person who makes this return.

8940004063

RETURN OF A BIRTH. 57341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 14 - 1894

4. Place of Birth, (Street and Number)

1 Brady Ave

5. Full Name of Mother,

Mary E. Kronau

6. Mother's Maiden Name,

Esline

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harry M. Kronau

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

R G Rankin M.D.

Address,

Haverly Station Balto. md

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 13 June
 4. Place of Birth, (Street and Number) ~~1776~~ 1706 Charles St
 5. Full Name of Mother, Margaret Dinkhof
 6. Mother's Maiden Name, 11 Krause
 7. Mother's Birthplace, Balto
 8. Full Name of Father, Nicklas Dinkhof
 9. Father's Occupation, Salor
 10. Father's Birthplace, Balto
 Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks
 Address, 1828 Easter St
 Remarks, Cony Well

8940004065

RETURN OF A BIRTH. 57343 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13 June 1894*

4. Place of Birth, (Street and Number) *13 North Ave*

5. Full Name of Mother, *Fannie Owens*

6. Mother's Maiden Name, *" Weaver*

7. Mother's Birthplace, *A. D., Ga.*

8. Full Name of Father, *Frederick Owens*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *T. G., Ga.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. E. K. Brown*

Address, *1528 Light St*

Remarks, *Lang. & Bell*

RETURN OF A BIRTH. 57344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Elizabeth Cursler

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 15-16/24

4. Place of Birth. (Street and Number)

423 28th St.

5. Full Name of Mother,

Bridie Lance Cursler

6. Mother's Maiden Name,

Lance

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel S. Cursler

9. Father's Occupation,

Street Car Conductor

Father's Birthplace,

Balw.

Name of Medical Attendant, or other person who makes this return.

J. S. Hartman

Address,

815- Jefferson Ave.

Remarks,

GIVEN NAME ADDED

10/3/55

8 9 4 0 0 0 4 0 6 7

RETURN OF A BIRTH. 57345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

2015 Pulaski St. North

4. Place of Birth, (Street and Number)

Date June 15th 1894

5. Full Name of Mother,

May Carey

6. Mother's Maiden Name,

Liddypatrick

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Polioe Carey

9. Father's Occupation,

Insurance Collector

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

John S. M.D.

Address,

1012 Pennsylvania St.

Remarks,

18940004068

RETURN OF A BIRTH. 57346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
 Name Michael Grace
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 15 1894
 4. Place of Birth, (Street and Number) 312 S. Exeter St
 5. Full Name of Mother, Julie Grace
 6. Mother's Maiden Name, Thynn
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, William Grace
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. b Bernstein
 Address, 122 G. Exeter St
 Remarks, _____

GIVEN NAME ADDED 4-10-5

RETURN OF A BIRTH. 07

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendants upon the birth of a child, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine often

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Julia Florence Semblly First Child*

2. Sex, (state whether male or female) *Female*

3. Race or Color, (if not of the white race) *Colored*

4. Date of Birth, *June 15th 1894*

5. Place of Birth, (Street and Number) *Baltimore 332 Biddle St.*

6. Full Name of Mother, *Mary Emma Semblly*

7. Mother's Maiden Name, *Mary Emma Boyd*

8. Mother's Birthplace, *Baltimore City Md.*

9. Full Name of Father, *James B Semblly*

10. Father's Occupation, *waiter*

11. Father's Birthplace, *A.A. Co. Md.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Eliza A. Brown*

Address, *1321 Calhoun St. Baltimore Md.*

Remarks, _____

1 8 9 4 0 0 0 4 0 7 0

GIVEN NAME ADDED

NAME: VIOLET DUVAL

9. 1. 16

1820 A.C.C.

1222

16. 7. 11

1. Handwritten

Wm. J. Smith

Caru

41

W. L. Small

6-11-11

John A. Hartman 1818

Wm. J. C. Dulany Co., City Printers and Stationers

8 9 4 0 0 0 4 0 7

RETURN OF A BIRTH. 57349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other person who makes this Return.

8940004072

RETURN OF A BIRTH. 57350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons born within the limits of Baltimore City, and within the period above required, and who are not reported to the Registrar of Vital Statistics, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) ————— 6
Female

2. Race or Color, (if not of the white race) ————— White

3. Date of Birth, ————— 18th June 1894

4. Place of Birth, (Street and Number) ————— 104 Leont. St.

5. Full Name of Mother, ————— Mary T. Bradley

6. Mother's Maiden Name, ————— Mary T. McKenna

7. Mother's Birthplace, ————— Baltimore, Md.

8. Full Name of Father, ————— B. L. Bradley

9. Father's Occupation, ————— Fireman, Fire Station 10

10. Father's Birthplace, ————— Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, ————— Mrs. Sebach

Address, ————— 735 W. Pratt St.

Remarks, —————

18940004073

attendance upon the mother, and within the period above required, and child in report its birth to the Commissioner of Health, in the manner and with the provisions of this section, shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)..... *Male*
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... *18 June 1894*
4. Place of Birth, (Street and Number)..... *25-22 E Olm St*
5. Full Name of Mother,..... *Margaret A Diffendall*
6. Mother's Maiden Name,..... *Beck*
7. Mother's Birthplace,..... *Balt*
8. Full Name of Father,..... *William H Diffendall*
9. Father's Occupation,..... *Foreman of the Brickyard*
10. Father's Birthplace,..... *Balt*
- Name of Medical Attendant, or other person who makes this Return,..... *Mrs Julia Groome*
- Address,..... *944 N Gay St*
- Remarks,

1 8 9 4 0 0 0 4 0 7 4

RETURN OF A BIRTH. 57352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940004075

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to be recovered as other fines and forfeitures are recoverable, and shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, so the mother and within the period above specified the father shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1828

Living Well

8940004076

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 14, 1894
4. Place of Birth, (Street and Number) 72 Yorkville St.
5. Full Name of Mother, Henrietta Thompson
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Thompson
9. Father's Occupation, Carriage Driver
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.
- Address, 1121 N. Caroline St.
- Remarks,

8940004077

RETURN OF A BIRTH. 57355-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 19 June
 4. Place of Birth, (Street and Number) 551 W. Lombard St
 5. Full Name of Mother, Florence A. Whittington
 6. Mother's Maiden Name, Hill
 7. Mother's Birthplace, Calvert Co.
 8. Full Name of Father, George F. Fox Whittington
 9. Father's Occupation, Country Dealer
 10. Father's Birthplace, Calvert Co.
 Name of Medical Attendant, or other person who makes this Return, Mrs. E. A. Brooks
 Address, 1828 Eagle St
 Remarks, Baby with

18940004078

RETURN OF A BIRTH. 57356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

June 19th 1894

4. Place of Birth, (Street and Number)

1514 W. Franklin St

5. Full Name of Mother,

Jennie Stahl

6. Mother's Maiden Name,

Gahle

7. Mother's Birthplace,

Balto. Ohio Co. Stahl

8. Full Name of Father,

Salismann

9. Father's Occupation,

Balto.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

John A. H. M.
York Pennsylvania

Address,

Remarks,

18940004079

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 4 0 8 0

RETURN OF A BIRTH. 57358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race) *D D D*

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 4 0 8

RETURN OF A BIRTH. 57359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 20 - 1894

4. Place of Birth, (Street and Number)

61 Walpert Ave

5. Full Name of Mother,

Margaret W. Wollschlager

6. Mother's Maiden Name,

" " Pfeifer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Wollschlager

9. Father's Occupation,

Night Watchman

10. Father's Birthplace,

Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return.

R. W. Rankin M.D.

Address,

Waverly station Balto Md.

Remarks,

8948004082

RETURN OF A BIRTH. 573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician, or shall become the duty of the person or persons of such attendance upon the person or persons so immediately thereafter, in the manner and within the time above required, and child to report on or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

44

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

204 June 1894

3. Date of Birth,

1717 1/2 Dallas St

4. Place of Birth, (Street and Number)

Hellena Heller

5. Full Name of Mother,

H. Schreyer

6. Mother's Maiden Name,

Balt

7. Mother's Birthplace,

Strens Heller

8. Full Name of Father,

Taylor

9. Father's Occupation

Germany

10. Father's Birthplace,

Mrs. Julia Grover

Name of Medical Attendant, or other person who makes this Return,

Dr. H. Bayne

Address,

Remarks,

18940004083

RETURN OF A BIRTH. 573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth: 20 of June

4. Place of Birth, (Street and Number) 221 W York St

5 Full Name of Mother, _____

6. Mother's Maiden Name, Joan Jewell

7. Mother's Birthplace, Albert

8. Full Name of Father, I and Susan

8. Full Name of Father, Solo Luman
9. Father's Occupation, ...

9. Father's Birthplace, North Carolina

10. *Father's Birthplace*,
Name of Medical Attendant, or other person who makes this return, *Wesley Macker*

Name of Medical Attention *none*
Address *11 1/2 Oak Street*

Address, # _____
 Name _____

Remarks, *✓* 8.

8 9 4 0 0 0 4 0 8 4

REGISTRATION OF BIRTHS
The Registrar of Births shall become the duty in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Act shall be subject to the fine or fines for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

10. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10 Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 20 18*
4. Place of Birth, (Street and Number) *406 Mellogg St*
5. Full Name of Mother, *Rachel A Reynolds*
6. Mother's Maiden Name, *Rachel A Preston*
7. Mother's Birthplace, *West Virginia*
8. Full Name of Father, *John F Reynolds*
9. Father's Occupation *Farmer*
10. Father's Birthplace, *Port Deposit*
- Name of Medical Attendant, or other person who makes this Return, *Mr J A Brown*
- Address, *1822 Light St*
- Remarks, *10 days still*

RETURN OF A BIRTH. 57363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, June 20th 1891

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

8 9 4 0 0 0 4 0 8 6

RETURN OF A BIRTH. 57364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a medical attendant upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report it to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 21 1894

4. Place of Birth, (Street and Number) 16 E. West St

5. Full Name of Mother, Margaret Swisher

6. Mother's Maiden Name, Margaret Leigener

7. Mother's Birthplace, Balto

8. Full Name of Father, Edmund Swisher

9. Father's Occupation, Gas Fitter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. M. Brooks

Address, 1829 Light St

Remarks, Being 11th

1 8 9 4 0 0 0 4 0 8 7

RETURN OF A BIRTH. 57365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 June 1894

4. Place of Birth, (Street and Number) 13 W. West St

5. Full Name of Mother, Harry Miller

6. Mother's Maiden Name, Mary Bailey

7. Mother's Birthplace, Balto

8. Full Name of Father, George Miller

9. Father's Occupation, Engineer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E K Brooks

Address, 1828 Light St

Remarks, Wong Mill

18940004088

RETURN OF A BIRTH. 57 366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person who neglects to file this return shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd
- Sex. (state whether male or female) Male
- Race or Color. (if not of the white race) White
- Date of Birth. June 2, 1904
- Place of Birth. (Street and Number) 704 N. Wolfe St.
- Full Name of Mother. Hattie Small
- Mother's Maiden Name. Reed
- Mother's Birthplace. Baltimore
- Full Name of Father. Walter J. Reed
- Father's Occupation. Painter
- Father's Birthplace. Baltimore
- Name of Medical Attendant, or other person who makes this Return. Geo. A. Hartman
- Address. 1121 N. Caroline
- Remarks.

8940004089

RETURN OF A BIRTH. 57367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

to be secured with-out the assistance of a physician or other person who makes this Return, in the manner and within the period above required, and
 child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
 any such person or persons who shall hereafter be found to have failed to do so, shall be liable to be fined for each offense, to be recovered as other fines and penalties are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, June 22nd 1894
- Place of Birth, (Street and Number) 1828 Dallas St. Baltimore
- Full Name of Mother, Mary A. Miller
- Mother's Maiden Name, Mary A. Sawyer
- Mother's Birthplace, Baltimore
- Full Name of Father, Christian A. Miller
- Father's Occupation, Black Saver
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. A. J. Fisher
- Address, 1044 East Lombard St.
- Remarks,

18940004090

RETURN OF A BIRTH. 57368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2^d

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,.....

June 23rd 1904

4. Place of Birth, (Street and Number).....

1411 W. Lombard St.

5. Full Name of Mother,.....

Leah Brown

6. Mother's Maiden Name,.....

Pledge

7. Mother's Birthplace,.....

Richmond Va

8. Full Name of Father,.....

William G. Brown

9. Father's Occupation,.....

Machinist

10. Father's Birthplace,.....

Baltimore

Name of Medical Attendant, or other person who makes this Return,.....

Thomas Opie M.D.

Address,.....

219 W Monument St

Remarks,.....

8940004091

attest, and upon the mother, immediately thereafter, shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period as required, and any such person who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. A-57797

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH: Baltimore, Maryland | | 2. USUAL RESIDENCE OF MOTHER: | |
| (a) Name of hospital or institution; if at home give street number: | | (a) State..... (b) County..... | |
| (b) Mother's stay before delivery: | | (c) City or town..... (If outside city or town limits, write RURAL) | |
| In hospital or institution..... In Baltimore.
(Specify whether months or days) | | (d) Street No. 1 Brehm's Ct.
(If rural give location) | |

| | | | |
|----------------------------|--|---|--------------------------|
| 3. Full name of child..... | | 4. Date of birth July 30 1894
(Month) (Day) (Year) | |
| 5. Sex: | 6. Twin or If so—born 1st, 2d, or 3rd triplet..... | 7. Number weeks of pregnancy..... | 8. Hour of birth..... M. |

| | | | |
|---|--|---|--|
| FATHER OF CHILDO | | MOTHER OF CHILO | |
| 9. Full Name..... Unknown | | 15. Full Maiden Name..... Theresa Schrauduer | |
| 10. Color or race..... | | 16. Color or race..... | |
| 11. Age at time of this birth..... yrs. | | 17. Age at time of this birth..... yrs. | |
| 12. Birthplace..... Unknown
(City, town, or county) (State or foreign country) | | 18. Birthplace..... Unknown
(City, town, or county) (State or foreign country) | |
| 13. Usual occupation..... | | 19. Usual occupation..... | |
| 14. Industry or business..... | | 20. Industry or business..... | |
| 21. Other children born to mother (not including present child): | | 22. Mother's mailing address for registration notice: | |
| (a) How many other children of this mother are now living? | | 1 Brehm's Ct. | |
| (b) How many other children were born alive but are now dead? | | | |
| (c) How many children were born dead? | | | |

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by..... related to this child as.....

| | | | |
|---|--|---|--|
| 24. Date rec'd by local registrar August 2 1894 | | (Signed) Wilhelmine Schmidt
Midwife (Midwife) | |
| 25. Signed Dr. James F. McShane
Registrar | | or Sidney M. Norton
Commissioner of Health and Registrar | |
| 26. Given name added By Registrar per 89400 | | Address 092 Date JUN 29 1913 | |

RETURN OF A BIRTH.

58284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person failing to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines are recovered.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1st August, 1894

4. Place of Birth, (Street and Number) No. 1174 Sandwick St. It.

5. Full Name of Mother, Mary Murray

6. Mother's Maiden Name, " " Carney

7. Mother's Birthplace, Texas Balto County

8. Full Name of Father, Michael Murray

9. Father's Occupation, Engineer

10. Father's Birthplace, County Barracum Island

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No. 1136 Cleveland St.

Remarks,

8940004093

RETURN OF A BIRTH. 58283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, Meri Kearney

Remarks, 731 Cumberland St.

8 9 4 0 0 0 4 0 9 4

[illegible]

RETURN OF A BIRTH. 582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug. 1st.

4. Place of Birth, (Street and Number)

1627 Madison St.

5. Full Name of Mother

Maria Lisack

6. Mother's Maiden Name

" Baubmann

7. Mother's Birthplace

Germany

8. Full Name of Father

Harold Jacob Leid

9. Father's Occupation

Germany

10. Father's Birthplace

Shoe-maker

Name of Medical Attendant, or other person who makes this Return

C. L. Boddison

Address

418 S. Paca St.

Remarks

8940004095

It is the duty of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons or persons who fail to do so shall be liable for each offense to be recovered as other fines and penalties are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Wednesday Aug. 1st 1894.

4. Place of Birth, (Street and Number) Baltimore #1015 N. Chapel St.

5. Full Name of Mother, Mrs. Maggie Horsey.

6. Mother's Maiden Name, Mrs. Maggie Chandler.

7. Mother's Birthplace, East India La.

8. Full Name of Father, William Horsey.

9. Father's Occupation, Laborer.

10. Father's Birthplace, King & Queen Co. La.

Name of Medical Attendant, or other person who makes this Return, Hospitalizer, Dr. J. J. J.

Address, #1015 N. Chapel Street.

Remarks, Ja. 1894

8940004096

When, since upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 58288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 1st 1894

4. Place of Birth, (Street and Number) 928 Mason Alley

5. Full Name of Mother, _____

6. Mother's Maiden Name, Agusta Thornton

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, _____

9. Father's Occupation _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Emilia Johns

Address, 1024 Park Ave

Remarks, _____

8 9 4 0 0 0 4 0 9 7

RETURN OF A BIRTH. 58289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Parents of child, since the birth of the child, and within the period above required, and any such person or persons who shall be liable to be subjected to the fine on ten dollars for each offence, to be recovered in other cases and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Aug 2/99
 4. Place of Birth, (Street and Number) 321 Castle St.
 5. Full Name of Mother, Catharine Elston
 6. Mother's Maiden Name, Catharine Rumsauer
 7. Mother's Birthplace, Balt.
 8. Full Name of Father, George Elston
 9. Father's Occupation, Potter
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Wm. C. Piggory
 Address, 1903 South St.
 Remarks,

8940004098

RETURN OF A BIRTH. 58290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 2/94

4. Place of Birth, (Street and Number) 123 Paterson Pl Ave

5. Full Name of Mother, Laura Smith

6. Mother's Maiden Name, Laura Peacock

7. Mother's Birthplace, Balto

8. Full Name of Father, John H Smith

9. Father's Occupation, Farmer

Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, May C Parry

Address, 1903 Eough St

Remarks,

8940004099

Cost to report the birth is five cents. Failure to report the birth in the manner and within the period above required, or to comply with the provisions of this section, shall be punishable by a fine of not less than ten nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Registrar, it shall become the duty of the person or persons of such person or persons who shall hereafter be liable for each offense, to be recovered in other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8740004100

RETURN OF A BIRTH. 58292 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 2nd August

4. Place of Birth, (Street and Number) Balto 209 W. Henrietta St

5. Full Name of Mother, Amelia E. Davis

6. Mother's Maiden Name, Amelia E. Maddox

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William E. Davis

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. Millie Gross

Address, No 17 Winder St Balto

Remarks,

1 8 9 4 0 0 4 1 0 1

child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of not more than one hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Aug 2nd 1904

4. Place of Birth (Street and Number), 308 Jefferson Avenue

5. Full Name of Mother, Mary Schmeling

6. Mother's Maiden Name, Unverzagt

7. Mother's Birthplace, Boats

8. Full Name of Father, Henry Schmeling

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. H. Morrison M.D.

Address, 684' York Ave.

Remarks,

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this regulation shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 2nd
4. Place of Birth, (Street and Number) 284 Lenoxdale St
5. Full Name of Mother, Amanda Lane
6. Mother's Maiden Name, Amanda Thieser
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, William Lane
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore MD
- Name of Medical Attendant, or other person who makes this Return, Harry J. Perry
- Address, 2847 Lenoxdale St - P O
- Remarks, 1

1 8 9 4 0 0 0 4 1 0 3

RETURN OF A BIRTH. 58295-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Thursday Aug. 2nd 1894.

4. Place of Birth, (Street and Number) Baltimore #1031 7th Chapel Street

5. Full Name of Mother, Mrs. George Cummings.

6. Mother's Maiden Name, Mrs. Blanche Vanhook.

7. Mother's Birthplace, Baltimore City Md.

8. Full Name of Father, George Cummings.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Sealia Jackson

Address, #1031 7th Chapel St.

Remarks,

8940004104

and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be liable for each offense, to be recovered no other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 2nd 1904

4. Place of Birth, (Street and Number)

No 22 Erie Str

5. Full Name of Mother,

Lizzie Chaney

6. Mother's Maiden Name,

Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Chaney

9. Father's Occupation,

Boxer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs L. Young

Address,

No 2 1907

6 Abbeement St

Remarks,

18940004105

shall to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Aug 2nd 1904
4. Place of Birth, (Street and Number) 119 Bank St
5. Full Name of Mother, Mary L. Dicks
6. Mother's Maiden Name, Long
7. Mother's Birthplace, Balt
8. Full Name of Father, John Dicks
9. Father's Occupation, Carriage
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Wm. E. Stansell
- Address, 119 1907 E. Monument St
- Remarks, _____

18940004106

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 8-10-59

58298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Annie Geneva Williams

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 2nd, 1894

4. Place of Birth, (Street and Number)

Saratoga St

5. Full Name of Mother,

Annie E Williams

6. Mother's Maiden Name,

Annie E Wilson

7. Mother's Birthplace,

Calvary

8. Full Name of Father,

Charles E Williams

9. Father's Occupation,

Porter

10. Father's Birthplace,

Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return,

J. D. Creditor

Address,

4200 N. Pine St.

Remarks,

8440004107

to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Aug 2nd 1894
4. Place of Birth, (Street and Number) # 349 Banteloe St
5. Full Name of Mother, Mrs. Augusta Mayhoff
6. Mother's Maiden Name, Miss Gaertner
7. Mother's Birthplace, Balto City
8. Full Name of Father, Charles Mayhoff
9. Father's Occupation, Labor
10. Father's Birthplace, Frederick Md
Name of Medical Attendant, or other person who makes this Return, Mrs. Miller
Address, #2127 W Pratt St
Remarks,

18940004108

RETURN OF A BIRTH. 58300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 first*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *August 2nd, 1894*

4. Place of Birth, (Street and Number) *Dallas, St. Baltimore Md.*

5. Full Name of Mother, *Caroline Perkins*

6. Mother's Maiden Name, *Caroline Pritchard*

7. Mother's Birthplace, *Baltimore Maryland*

8. Full Name of Father, *George A. Perkins*

9. Father's Occupation, *Collector*

10. Father's Birthplace, *Chester town*

Name of Medical Attendant, or other person who makes this Return, *Susan Hooper*

Address, *123. Barbours street,*

Remarks, —

18940004109

any such person or persons who shall hereafter be convicted of any offence, to be recovered as other fines and forfeitures are recoverable, and shall be liable to the same.

RETURN OF A BIRTH. 58301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Four (4)*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *August 2nd 1894*
- Place of Birth, (Street and Number) *1716 Eastern Ave Balto Md*
- Full Name of Mother, *Minnie Carroll*
- Mother's Maiden Name, *Minnie Solman*
- Mother's Birthplace, *New York N. Y.*
- Full Name of Father, *Henry H. Carroll*
- Father's Occupation, *Letter Carrier*
- Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *Mary Engelhardt*
- Address, *1212 Eastern Ave Balto Md*
- Remarks, _____

8940004110

GIVEN NAME ADDED 7-8-55
RETURN OF A BIRTH

58302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Retta Hightman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 2nd, 1894.

4. Place of Birth, (Street and Number)

2024 W. North Ave, City

5. Full Name of Mother,

Retta Jane Hightman

6. Mother's Maiden Name,

Retta Jane White

7. Mother's Birthplace,

White Post Virginia

8. Full Name of Father,

John Jacob Hightman

9. Father's Occupation,

Life Insurance Agent

10. Father's Birthplace,

Belleville Frederick Co Md.

Name of Medical Attendant, or other person who makes this Return.

James H. Zipp M.D.

Address,

11 E. 10th St. W. North Ave. & 11th St

Remarks,

8940004111

child to report its birth to the Commissioner of Health, in the manner, and within the period, above indicated, and who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 August 1894
4. Place of Birth, (Street and Number) 220 P. High St
5. Full Name of Mother, Eva Kramer
6. Mother's Maiden Name, Lipschuk
7. Mother's Birthplace, Russia
8. Full Name of Father, Isidore Kramer
9. Father's Occupation, Reverend
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Schuman
- Address, 542 Edmonstone St
- Remarks,

18940004112

RETURN OF A BIRTH.

58304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

Date of Birth, 2 August.

Place of Birth, (Street and Number) 1433 Garrett St.

Full Name of Mother, Maria Manthei

Mother's Maiden Name, " Priemold

3. Mother's Birthplace, Germany

4. Full Name of Father, Herman Manthei

5. Father's Occupation, Laborer

6. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. M. Jones

Address, 1331 Hill St. Locust Point

Remarks,

RETURN OF A BIRTH. 58305-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 2nd 1894

4. Place of Birth, (Street and Number) 919 N. E. 1st St.

5. Full Name of Mother, Bridget Gray

6. Mother's Maiden Name, Bridget Hayley

7. Mother's Birthplace, Wexford, Ireland

8. Full Name of Father, Charles Gray

9. Father's Occupation, Laboring

10. Father's Birthplace, Wexford, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1212 Eastern Ave. Balto Md.

Remarks,

1 8 9 4 0 0 0 4 1 1 4

only such person or persons who submit hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth. 2nd August
4. Place of Birth. (Street and Number) No 1135 Bowen St
5. Full Name of Mother, Martha Koepf
6. Mother's Maiden Name, Lindner
7. Mother's Birthplace, Buckau b. Magdeburg & Germ.
8. Full Name of Father, Emil Koepf
9. Father's Occupation, Engineer
10. Father's Birthplace, Kintheim Baden
- Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bisschoff
- Address, No 1136 Cleveland St.
- Remarks,

8940004115

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) _____

1. Sex, (state whether male or female) ~~Female~~ Male

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, Wednesday August - 2 1894

4. Place of Birth, (Street and Number) 5-34 N. Mary street

5. Full Name of Mother, Cecilia Barber

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, Arthur Anderson

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return. midwife Chancy Jones

Address, _____

Remarks, _____

8 9 4 0 0 0 4 1 1 6

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 2nd 1894.
4. Place of Birth, (Street and Number) # 1711. Presstman St. Balto
5. Full Name of Mother, _____
6. Mother's Maiden Name, Rachel Young
7. Mother's Birthplace, Baltimore
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, Millie Gross.
- Address, 17 Winder St.
- Remarks, _____

8940004117

RETURN OF A BIRTH. 58309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 3, 1894

4. Place of Birth, (Street and Number)

416 E. Monument St.

5. Full Name of Mother,

Anna M. C. Human

6. Mother's Maiden Name,

" " " In. Howard

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Chas. Human

9. Father's Occupation

Machinist

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return,

Edmund M. Driscoll

Address,

208 Airy Mt. St.

Remarks,

18940004118

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3

1. Sex, (state whether male or female)

Fernak

2. Race or Color, (if not of the white race):

white

3. *Date of Birth.*

aug # 2 - 1854

4. *Place of Birth, (Street and Number).*

922 Banned

5. Full Name of Mother,

Florence Aub-

6. *Mother's Maiden Name,*

Liberty

7. *Mother's Birthplace.*

Baltimore

8. *Full Name of Father,*

9 million publ

9. *Father's Occupation.*

Tabriz

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah T Harrington

Address.

924 Birney

Remarks, ...

8 9 4 0 0 0 4 1 1 9

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
the failure to do so shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2nd of August 1894*

4. Place of Birth, (Street and Number) *235 S. Baltimore St*

5. Full Name of Mother, *Emma C. Stahl*

6. Mother's Maiden Name, *Westergaard William C. Stahl*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Frank Stahl*

9. Father's Occupation, *tinman*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. J. J. J. J.*

Address, *2024 E Pratt St*

Remarks, *Doing well*

18940004120

3226

GIVEN NAME ADDED 2-13-57
 RETURN OF A BIRTH. 58312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Myrtle Palmer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

August 3/94

4. Place of Birth, (Street and Number)

2540 Francis St

5. Full Name of Mother

Lillian J. Palmer

6. Mother's Maiden Name

Lillian J. Fuburger

7. Mother's Birthplace

Balto city

8. Full Name of Father

Lyn. H. Palmer

9. Father's Occupation

Machinist

10. Father's Birthplace

Ames Co N.Y.

Name of Medical Attendant, or other person who makes this Return

E. M. Mischeaney

Address,

1407 Sharp St -

Remarks,

18940004121

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug - 3 - 1894

4. Place of Birth, (Street and Number) 112 N. Bond St

5. Full Name of Mother, Roxella K. Gaff

6. Mother's Maiden Name, " " Henkleman

7. Mother's Birthplace, City

8. Full Name of Father, John Gaff

9. Father's Occupation, Bra Keman

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Dr. B. Douse

Address, 1729 E. Baltimore St.

Remarks, _____

18940004122

any such person or persons as the person or persons of such birth as upon its birth in the Commissioner of Health, in the manner and within the time prescribed, and who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Howard Pickner *2nd*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940004123

RETURN OF A BIRTH. 58315 -
ce of Registrar of Vital Statistics

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)— Eva Goldstine

1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race)..... White
3. Date of Birth, 3 August 1894,
4. Place of Birth, (Street and Number) 237 S. High St
5. Full Name of Mother, Beccie Goldstine
6. Mother's Maiden Name, Frankel
7. Mother's Birthplace, Russia
8. Full Name of Father, Chaim Goldstine
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
Name of Medical Attendant, or other person who
makes this Return, E. Herman
Address, 42 Alameda St
Remarks, GIVEN NAME INDEX 3-2-54

m.; C. Dulany Co., City Printers and Stationers.

Caution: To report the birth of a child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 3/96

4. Place of Birth, (Street and Number)

2612 Bruce St.

5. Full Name of Mother,

Mrs Geo Fristoe

6. Mother's Maiden Name,

Marion Turnbull

7. Mother's Birthplace,

Scotland

8. Full Name of Father,

Geo Fristoe

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Ohio

Name of Medical Attendant, or other person who makes this Return,

Ed. Smith M.D.

Address,

2505 Penna. Av.

Remarks,

8940004125

RETURN OF A BIRTH. 58317 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

It shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the fourth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 1st 1900

4. Place of Birth, (Street and Number) 4611 E. Johnson Street

5. Full Name of Mother, Spertus

6. Mother's Maiden Name, Spertus

7. Mother's Birthplace, Princeton, N.J.

8. Full Name of Father, William J. Spertus

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Frederick, Maryland

Name of Medical Attendant, or other person who makes this Return, William J. Spertus

Address, 4611 E. Johnson Street

Remarks, None

18940004126

RETURN OF A BIRTH. 58318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Child*

2. Race or Color, (if not of the white race) *Girl*

3. Date of Birth, *White Race*

4. Place of Birth, (Street and Number) *Born Aug 3rd 1894*

5. Full Name of Mother, *# 1824. Dover. St*

6. Mother's Maiden Name, *Mrs. Annie. Walter*

7. Mother's Birthplace, *Miss " Wagner*

8. Full Name of Father, *Hessen Germany*

9. Father's Occupation, *Frederick. Walter*

Father's Birthplace, *Baker*

Name of Medical Attendant, *Hessen. Germany*

Address, *Mrs. Miller*

Remarks, *#2127 W. Pratt St*

8 2 4 0 0 0 4 1 2 7

RETURN OF A BIRTH. 58319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter be found guilty of this offense, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five (5)
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 9 3rd 1894
4. Place of Birth, (Street and Number) 1913 Canton Ave
5. Full Name of Mother, Minnie Griller
6. Mother's Maiden Name, Minnie Miller
7. Mother's Birthplace, Lackey Germany
8. Full Name of Father, Thomas Joseph Griller
9. Father's Occupation, Laboring
10. Father's Birthplace, London England
- Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt
- Address, 1212 Canton Ave Balto Md
- Remarks, _____

1 8 9 4 0 0 0 4 1 2 8

RETURN OF A BIRTH. 58320 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3 August

4. Place of Birth, (Street and Number) 1438 Cook st.

5. Full Name of Mother, Sophie Stanley

6. Mother's Maiden Name, Wiebe

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Stanley

9. Father's Occupation, Laborer

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Dr. J. W. Jones

Address, 1331 Hall St. Locust Point

Remarks,

RETURN OF A BIRTH 58321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 4th

4. Place of Birth, (Street and Number) 220 W. Chase St.

5. Full Name of Mother, Mary Owens

6. Mother's Maiden Name, Mary Mc Cormick

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John David Owens

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. B. Gamble, M.D.

Address, 925 Cathedral St.

Remarks,

1 8 4 4 0 0 0 4 1 3 0

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Five* (1)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 4th 1894*

4. Place of Birth, (Street and Number) *1636 E. Pratt*

5. Full Name of Mother, *Dora Younger*

6. Mother's Maiden Name, *Dora Kager*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *George Younger*

9. Father's Occupation, *Ice Cart Driver*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Mary Engelhardt*

Address, *1712 Eastern Ave Balto Md*

Remarks, _____

8 4 4 0 0 0 1 3

RETURN OF A BIRTH. 58323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

yr Lite

3. Date of Birth,

August 4th 1894

4. Place of Birth, (Street and Number)

Car Madison st & Montebello Ave

5. Full Name of Mother,

Lola - M - Leonard

6. Mother's Maiden Name,

George

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry M. Leonard

9. Father's Occupation

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

R. G. Rankin M.D.

Address,

Waverly Station Balto. Md.

Remarks,

18940804132

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White Race.

3. Date of Birth, August 4, 1894.

4. Place of Birth, (Street and Number) No 14 W. Clement St. E.

5. Full Name of Mother, L. Walker.

6. Mother's Maiden Name, Beck.

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Edwin De Walker.

9. Father's Occupation, Painter.

10. Father's Birthplace, Pottsville Pa.

Name of Medical Attendant, or other person who makes this Return, Annie Jones.

Address, No 1603 S. Charles.

Remarks, Yours Respectfully

189440004138

RETURN OF A BIRTH. 58325-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalty for non-compliance with provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Ellen Clark 2 child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, August 26 1894
 4. Place of Birth, (Street and Number) 344 South Calhoun St.
 5. Full Name of Mother, Mary Ellen Clark
 6. Mother's Maiden Name, Mary Ellen Dwyer
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Charles Edward Clark
 9. Father's Occupation, Laborer
 Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, or other person who makes this Return,
 Address, 166 West 1328 West Baltimore St.
 Remarks, 18940004134

RETURN OF A BIRTH. 58326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 4th 1894
4. Place of Birth, (Street and Number) 1617 N. Bond st.
5. Full Name of Mother, Lillie Greenbaum
6. Mother's Maiden Name, Kirby
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Jacob Greenbaum
9. Father's Occupation, Liquor
10. Father's Birthplace, Balto. City
- Name of Medical Attendant, E. B. Fenby, M. D.
or other person who makes this return.
- Address, 1219 N. Caroline st.
- Remarks,

18940004135

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected in the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, # of August 1892

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940004136

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Richard Stephen Ahlbrock

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Aug. 4th 1909

Place of Birth, (Street and Number) 907 W. Lombard St.

Full Name of Mother, Lacey Ahlbrock

Mother's Maiden Name, Redden

Mother's Birthplace, Md

Full Name of Father, George Ahlbrock

Father's Occupation, Stock Clerk

Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, F. B. Gantner

Address, 424 N. Greene St.

Remarks,

18940004137

RETURN OF A BIRTH. 58329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 4

4. Place of Birth, (Street and Number) 516 W Lee St

5. Full Name of Mother, Ida Hamond

6. Mother's Maiden Name, Ida Dryden

7. Mother's Birthplace, Virginia

8. Full Name of Father, Thomas Hamond

9. Father's Occupation, Conductor

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Kelleyonda Shifer

Address,

Remarks, Or. So. Pac. Co.

58329

child to report its birth to the Commissioner of Health, in the manner and form required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child
- Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Aug 4th 1894
4. Place of Birth, (Street and Number) # 6 Calverton Ave
5. Full Name of Mother, Mrs. Sophie Stump
6. Mother's Maiden Name, Miss Orth
7. Mother's Birthplace, Hessen Germany
8. Full Name of Father, Frederick Stump
9. Father's Occupation, Butcher
10. Father's Birthplace, Hessen Germany
- Name of Medical Attendant, or other person who makes this return, Mrs. Hiller
- Address, # 2127 W Pratt St.
- Remarks,

18940004139

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White Race
 3. Date of Birth, August 5/94
 4. Place of Birth, (Street and Number) No. 133 E. Death St.
 5. Full Name of Mother, Mary Shiner
 6. Mother's Maiden Name, Apple
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, L. Shiner
 9. Father's Occupation, Salesman
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this return, Amie Jones
 Address, No. 1603 E. Charles St.
 Remarks, Yours Respectfully

18740004140

RETURN OF A BIRTH. 58332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 5th 1894.
4. Place of Birth, (Street and Number) 1520 N. Durham st.
5. Full Name of Mother, Ida Estella Laughton
6. Mother's Maiden Name, " " Marsh
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Edward J. Laughton
9. Father's Occupation, Machinist
10. Father's Birthplace, Richmond Va.
- Name of Medical Attendant, or other person who makes this Return, E. B. Feaby, M. D.
- Address, 1219 N. Caroline st.
- Remarks,

18940004141

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August

4. Place of Birth, (Street and Number) 412 West Central Ave

5. Full Name of Mother, Mary E. Johnson

6. Mother's Maiden Name, J. M. Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles E. Johnson

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos R. Kelly

Address, 1802 E. Lexington

Remarks,

1 8 9 4 0 0 0 4 1 4 2

RETURN OF A BIRTH. 58334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

ject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this act, or who shall within the period above required, and who shall be convicted of any offense against the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 1st August 1894
4. Place of Birth, (Street and Number) 224 W. Lombard Ave
5. Full Name of Mother, Nellie Jones
6. Mother's Maiden Name, Martha Bennett
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Joseph Henry
9. Father's Occupation, Laborer
- Father's Birthplace, W. Va.
- Name of Medical Attendant, or other person who makes this Return, Dr. R. H. Ellis
- Address, 102 E. Lexington St
- Remarks,

18940004144

RETURN OF A BIRTH.

58336

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

At the residence of the parents, and the residence name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 5th 1894

4. Place of Birth (Street and Number)

324 Ramsey

5. Full Name of Mother

Mackison

6. Mother's Maiden Name

Wolffington

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Robert E. Mackison

9. Father's Occupation

Home Mason

10. Father's Birthplace

1 Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

Jno. S. Hellyer M.D.

Address

714 Frank Ave

Remarks

18940004145

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

475
male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 5th 1894

4. Place of Birth, (Street and Number)

116 Annapolis St.

5. Full Name of Mother,

Emma Virginia Hunter

6. Mother's Maiden Name,

" Otis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

David J. Hunter

9. Father's Occupation,

Railroad Conductor

Father's Birthplace,

Dynama Del.

Name of Medical Attendant, or other person who makes this Return,

Edmund W. Miller

Address,

116 Annapolis St.

Remarks,

8440004146

RETURN OF A BIRTH. 58338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 —
- Sex, (state whether male or female) Girl
- Race or Color, (if not of the white race) White
- Date of Birth. 5 August
- Place of Birth, (Street and Number) 820 Luxejn ave.
- Full Name of Mother, Meri Drapcinski
- Mother's Maiden Name, Szymanski
- Mother's Birthplace, Germany
- Full Name of Father, Alexander Drapcinski
- Father's Occupation, Shoemaker
- Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, M. Orell
- Address, A. Bond st 838
- Remarks,

Persons who fail hereafter to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, August 5th 94
5. Place of Birth, (Street and Number) 333 E. North Ave
6. Full Name of Mother, Maggie Hawthorne Chisholm
7. Mother's Maiden Name, Hawthorne
8. Mother's Birthplace, Tennessee
9. Full Name of Father, Edward E Chisholm
10. Father's Occupation, Commission Merchant
11. Father's Birthplace, Alabama
12. Name of Medical Attendant, or other person who makes this Return, Thomas O'Connell M.D.
13. Address, 219 W. Monument St.
14. Remarks,

1 8 9 4 0 0 0 4 1 4 8

RETURN OF A BIRTH. 58340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) white

Date of Birth, Aug 15-1884

Place of Birth, (Street and Number) 817 Rose st

Full Name of Mother, Mary Carmern

Mother's Maiden Name, Oaburn

Mother's Birthplace, Anna Russell County Md

Full Name of Father, Harry Carmern

Father's Occupation, Barber

Father's Birthplace, Wheeling West Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah T. Harrington

Address,

Remarks,

1 6 9 4 0 0 0 4 1 4 2

RETURN OF A BIRTH. 58341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 6 ages 6 child

1. Sex, (state whether male or female)... Baltimore male

2. Race or Color, (if not of the white race)- Cauchy

3. Date of Birth, August 6

4. Place of Birth, (Street and Number) Baltimore Chesnut street 444
5. Full Name of Mother Rachel

5. Full Name of Mother, Rachel Johnson

6. Mother's Maiden Name. Rachel Anderson
7. Mother's Birthplace. R. I.

7. Mother's Birthplace, Baltimore and

8. Full Name of Father, Robert Johnson

9. Father's Occupation Brick Yard

10. Father's Birthplace, *Baltimore and*
Name of Medical Att. *and*

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Jones
Address W. H. Jones, 527

Address, Patterson park annex

Remarks,

child to report his birth to the Commissioner of Social Welfare. If, after the date of the birth, the mother, father, or legal father of the child or the person or persons who shall hereafter fall in compliance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 4 0 0 0 1 5 0

Person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and

RETURN OF A BIRTH.

58342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6th 1894
4. Place of Birth, (Street and Number) 2538 Canton av.
5. Full Name of Mother, Mary T. Donhauser
6. Mother's Maiden Name, Mary T. Wilson
7. Mother's Birthplace, Balto. City
8. Full Name of Father, George S. Donhauser
9. Father's Occupation, Painter
Father's Birthplace, Balto. City
Name of Medical Attendant, or other person who makes this Return. W. H. Johnson M.D.
Address, 1916 East Pratt St.

Persons of persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

a. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st

Male

White

The 6th August 1881

1803 Hilltop St

Katie Dick

Katie Burgmeyer

Baltimore

John Dick

18th

Baltimore

Mrs Christina Daul

157 Laurel Ave

Baltimore

18940004152

RETURN OF A BIRTH. 58344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. (aa)

Name - Vernon A. (Ritzius) Richards
of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 6/84
4. Place of Birth, (Street and Number) 1927, Gough St
5. Full Name of Mother, Marion Ritzius (Richards)
6. Mother's Maiden Name, Marion Wagner
7. Mother's Birthplace, Balto
8. Full Name of Father, George C. Ritzius Richards
9. Father's Occupation, Car Maker
- Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Mary C. Pereguy
- Address, 1903 Gough St
- Remarks,

18940004153

to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38.345-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - George Morris Hay

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 6th 94

4. Place of Birth, (Street and Number) 215 S. Gilman

5. Full Name of Mother, Sadie R. Hay

6. Mother's Maiden Name, Stiver

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George M. Hay

9. Father's Occupation, Lumber and Cement Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thomas O'Keefe M.D.

Address, 219 W. Monument St.

Remarks.

18940004154

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3-

Sex, (state whether male or female).

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6 August

4. Place of Birth, (Street and Number)

S. Bond St. 840

5. Full Name of Mother,

Babry Papst

6. Mother's Maiden Name,

Rep

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Luis Papst

9. Father's Occupation,

Bier Brauer

10. Father's Birthplace,

Germaney

Name of Medical Attendant, or other person who makes this Return.

Address,

Mari Pirell

Remarks,

S. Bond St. 838

RETURN OF A BIRTH. 58347 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 6, 1914

4. Place of Birth, (Street and Number) Cuba St. 1675

5. Full Name of Mother, Leticia Spencer

6. Mother's Maiden Name, Gaskells

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Spencer

9. Father's Occupation, Workman

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, L. Anna J. J. J.

Address, Garrett St. 1345

Remarks,

any adult person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1 5 9 4 0 0 0 4 1 5 5

RETURN OF A BIRTH 58348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

ninth

1. Sex (state whether male or female),

female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Aug 6/94

4. Place of Birth (Street and Number),

1424 Nicholson St.

5. Full Name of Mother,

Lena Bishop

6. Mother's Maiden Name,

Lena Scherer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. W. Bishop

9. Father's Occupation,

Liquor Dealer.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Thornton

Address,

1045 Mulvert St

Remarks,

good.

18940004157

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-13-50

RETURN OF A BIRTH. 58349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edwin Charles Clayton

1st 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Aug. 6th - 1894

3. Date of Birth,

622 George St

4. Place of Birth, (Street and Number)

Mary Elizabeth Clayton

5. Full Name of Mother,

Mrs. J. Brown

6. Mother's Maiden Name,

Baltimore, Md

7. Mother's Birthplace,

James William Clayton

8. Full Name of Father,

Carpenter

9. Father's Occupation,

Baltimore, Md,

10. Father's Birthplace,

Dr. C. M. Cook

Name of Medical Attendant, or other person who makes this Return.

Address,

622 George City

Remarks,

18940004158

and to report the same to the Commissioner of Health in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 6th / 94

4. Place of Birth, (Street and Number) 613 1322, Bond St

5. Full Name of Mother, Louisa Schlick

6. Mother's Maiden Name, Schulte

7. Mother's Birthplace, Lancaster, Pa.

8. Full Name of Father, Nicholas Schlick

9. Father's Occupation, Stevedore

10. Father's Birthplace, Lancaster, Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, c 112 1907 E Monument Str.

Remarks.

1894040159

RETURN OF A BIRTH. 58351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *6 Aug 10*
4. Place of Birth, (Street and Number) *912 E. Pratt St.*
5. Full Name of Mother, *Ida Fleisman*
6. Mother's Maiden Name,
7. Mother's Birthplace, *European*
8. Full Name of Father, *Saimon Fleisman*
9. Father's Occupation, *Solon Kipper*
10. Father's Birthplace, *European*
- Name of Medical Attendant, or other person who makes this Return, *Lina Hessler*
- Address, *1115 E. Pratt St.*
- Remarks,

8940004160

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 6 / 94

4. Place of Birth, (Street and Number)

718 S. Charles Street

5. Full Name of Mother,

Ella Banks

6. Mother's Maiden Name,

Ella Markel

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Samuel Banks

9. Father's Occupation

Clothes Shop

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other person who makes this Return,

Mrs. Lena Barber

Address,

44 York Street

Remarks,

1 6 9 4 0 0 0 4 1 6 1

RETURN OF A BIRTH. 58353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female)..... male
 2. Race or Color, (if not of the white race)..... colored
 3. Date of Birth,..... August 8
 4. Place of Birth, (Street and Number)..... 769 Pine Street
 5. Full Name of Mother,..... Mary Victoria Lee
 6. Mother's Maiden Name,..... Mary Victoria Lee
 7. Mother's Birthplace,..... Baltimore
 8. Full Name of Father,..... Harry Smith
 9. Father's Occupation,..... Boy in printing office
 10. Father's Birthplace,..... Baltimore
 Name of Medical Attendant, or other person who makes this Return,..... Ida Collock M.D.
 Address,..... 1030 M. E. St.
 Remarks,.....

18940004162

RETURN OF A BIRTH. 58337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) black

3. Date of Birth, Aug. 8 1894

4. Place of Birth, (Street and Number) Holmes Ck. 912

5. Full Name of Mother, Josephine Evans

6. Mother's Maiden Name, Josephine Cook

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Robinson

9. Father's Occupation, driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ida Collock M.D.

Address, 1030 McCulloh St.

Remarks,

8 7 7 0 0 0 4 1 6 3

RETURN OF A BIRTH. 58353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored - in full

3. Date of Birth. born Aug 8 1898

4. Place of Birth, (Street and Number) in City - Street 2126

5. Full Name of Mother,

6. Mother's Maiden Name, Maggie Hicks

7. Mother's Birthplace, Calvert County

8. Full Name of Father, George Richardson

9. Father's Occupation, a shoe maker by trade

10. Father's Birthplace, from Calvert County

Name of Medical Attendant, or other person who makes this Return, Mrs Mary B Day

Address, 2325 Division Street

Remarks, Have Satisfaction in attention

1898 40004164

RETURN OF A BIRTH. 58366 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 16

Sex, (state whether male or female) female

Race or Color, (if not of the white race) white

Date of Birth, Aug. 8th 1894

Place of Birth, (Street and Number) 1421 Patterson Ave

Full Name of Mother, Sarah H. Sullivan

Mother's Maiden Name, " Worley

Mother's Birthplace, Pa

Full Name of Father, Eugene J. Sullivan

Father's Occupation, Produce Dealer

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, M. O. Warner M.D.

Address, 917 N. Stricker St

Remarks,

18940004165

RETURN OF A BIRTH

58357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9410 (Twins)

1. Sex, (State whether male or female)

Male & female

2. Race or color, (if not of the white race)

Aug. 8/94

3. Date of Birth,

4. Place of Birth, (Street and Number)

310 Forrest St (S.W.)

5. Full Name of Mother,

Mrs Anastasia Strumsky

6. Mother's Maiden Name,

Knizinska

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Julius Strumsky

9. Father's Occupation,

Factory hand

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other person who makes this Return.

C. C. McDowell M.D.
1521 W. Fayette St

Address,

Remarks,

18740004166

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be fined or imprisoned, or both, as the court may see fit, and the costs of such proceedings shall be recoverable against the person or persons so liable.

RETURN OF A BIRTH.

58358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 8th
4. Place of Birth, (Street and Number) 209 South Dallas street.
5. Full Name of Mother, Rexter, Thomas.
6. Mother's Maiden Name, Rexter, Goid.
7. Mother's Birthplace, Baltimore City, Maryland.
8. Full Name of Father, Jerome Thomas.
9. Father's Occupation, Furniture Wagon Driver
10. Father's Birthplace, Baltimore City, Maryland.
Name of Medical Attendant, or other person who makes this Return, Dr William Harris
Address, Mary E Stuart, 1416 Jefferson street.
Remarks, 1132 E Lexington street

18940004167

RETURN OF A BIRTH. 58259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color: White

3. Date of Birth, Thursday 8th day of Aug: 1894

4. Place of Birth, (Street and Number) 1116 Low Street

5. Full Name of Mother, Rachel Rosenheim

6. Mother's Maiden Name, Rachel

7. Mother's Birthplace, London: England

8. Full Name of Father, Lewis Rosenheim

9. Father's Occupation, Bookbinder

10. Father's Birthplace, London

Name of Medical Attendant, or other person who makes this Return, Eva Cohen

Address, 1122 Low Street

Remarks, Mother well attended she is well

Child not reported, or person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

18940004168

RETURN OF A BIRTH. 58360 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) white

Date of Birth, Aug 8 1894

Place of Birth, (Street and Number) 1420 S Charles St

Full Name of Mother, Nellie Hoof

Mother's Maiden Name, Nellie Todd

Mother's Birthplace, Eastern Shore Md

Full Name of Father, James Hoof

Father's Occupation, Conductor B & O R R

Father's Birthplace, Preston Co West Va

Name of Medical Attendant, or other person who makes this Return, Dr. Hinton

Address, No 1930 Honover St

Remarks,

1894 0004169

RETURN OF A BIRTH. 58361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *August 9th 1894*
 4. Place of Birth, (Street and Number) *1805 E. Oliver St.*
 5. Full Name of Mother, *Florence M. Burkner*
 6. Mother's Maiden Name, *Florence M. Ebsworth*
 7. Mother's Birthplace, *Baltimore Md.*
 8. Full Name of Father, *Charles Burkner*
 9. Father's Occupation, *Produce Dealer*
 Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other person who makes this Return, *A. G. Watson*
 Address, *1301 N. Central Ave*
 Remarks,

16940004170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other person who makes this Return,

Address,

6940004171

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth. August 15 1874

4. Place of Birth, (Street and Number) 1000 1st St. N. W.

5. Full Name of Mother, Elizabeth A. Johnson

6. Mother's Maiden Name, Wright

7. Mother's Birthplace, North Carolina

8. Full Name of Father, John A. Johnson

9. Father's Occupation, Farmer

10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, William H. Johnson

Address, 1000 1st St. N. W.

Remarks,

8940004172

Any person who neglects or refuses to file a return of a birth, or who files a false return, shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable, and in the manner and within the period above required.

58364

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 9 - 24

4. Place of Birth, (Street and Number) Garnett Ave 1332

5. Full Name of Mother, Kunigunda Rakowski

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Pölnen

8. Full Name of Father, Josef Rakowski

9. Father's Occupation, Carpenter

10. Father's Birthplace, Pölnen

Name of Medical Attendant, or other person who makes this Return, Johanna Janski

Address, Garnett Ave 1012

Remarks, _____

18940004173

RETURN OF A BIRTH. 58365-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Seventh Child*
1. Sex, (state whether male or female) *Grace Cleveland Stanley*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Born the ninth of August 1874*
4. Place of Birth, (Street and Number) *604 West Baltimore st*
5. Full Name of Mother, *Sarah Stanley*
6. Mother's Maiden Name, *Sarah Smith*
7. Mother's Birthplace, *Delaware Md*
8. Full Name of Father, *William Stanley*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Delaware D*
- Name of Medical Attendant, or other person who makes this Return, *Mrs M. C. Niles*
- Address, *1328 West Baltimore st*
- Remarks,

1 8 9 4 0 0 0 4 1 7 4

RETURN OF A BIRTH. 58366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person of person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 9th 1894.
4. Place of Birth, (Street and Number) 261 S Bond St
5. Full Name of Mother, Ida Wilson
6. Mother's Maiden Name, Ida Baldwin
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Wilson
9. Father's Occupation, Car Maker.
- Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, W B Hawkins
- Address, 409 N. Green St
- Remarks, _____

18940004175

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Female

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

August 9th, 1894.
30213 Ridgewood Ave. City
Ruth Orendorff
Ruth Alexander
Baltimore County Md.
Randel Melvin Orendorff
Paver
Carroll Co. Md.
August 26th 1894
A.E. Co. North Ave. and North St.

Address,

Remarks,

8940004176

RETURN OF A BIRTH. 58368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Caucasian
 3. Date of Birth, Aug 9th 94
 4. Place of Birth, (Street and Number) 110 Elginover st
 5. Full Name of Mother, Sarah Laudman
 6. Mother's Maiden Name, Sarah Marinsky
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Isaac Laudman
 9. Father's Occupation, Cigar-maker
 10. Father's Birthplace, Russia
 Name of Medical Attendant, or other person who makes this Return, A Rubinstein
 Address, 105 W. Bond st.
 Remarks, _____

8940004177

Person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 7th
 1. Sex, (state whether male or female)... female
 2. Race or Color, (if not of the white race)... black
 3. Date of Birth... Aug. 9, 1894.
 4. Place of Birth, (Street and Number)... Oxford St. 223
 5. Full Name of Mother... Annie Gibson
 6. Mother's Maiden Name... Annie Gibson
 7. Mother's Birthplace... Plymouth St. C.
 8. Full Name of Father... Thomas Board
 9. Father's Occupation... waiter
 10. Father's Birthplace... Liberty, Va.
 Name of Medical Attendant, or other person who makes this Return... Ida Pollack M.D.
 Address... 1030 McCulloh St.
 Remarks...

18940004178

RETURN OF A BIRTH. 58371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 9, 1894.

4. Place of Birth, (Street and Number)

118 Light St.

5. Full Name of Mother,

Adeline Michelminie Miller

6. Mother's Maiden Name,

Adeline Michelminie Loll

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Miller

9. Father's Occupation

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this return.

Otto H. Pindardt M.D.

Address,

1017 S Charles St.

Remarks,

shall be liable to a fine of ten dollars for each offense, to be recovered as other laws and forfeitures are recoverable.

18940004179

RETURN OF A BIRTH. 58371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth. Aug 9th 1194
- Place of Birth, (Street and Number) 242 H. Schroder St
- Full Name of Mother, Louisa Weigle
- Mother's Maiden Name, Keller
- Mother's Birthplace, New Jersey: Greenville
- Full Name of Father, John Weigle
- Father's Occupation, Tailor
- Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return. Mrs Minnie Yeaf
- Address, 206 H. Schroder St
- Remarks, _____

18940604180

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over
RETURN OF A BIRTH. 58372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female.) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 August 1894

4. Place of Birth, (Street and Number) S. Bond St. 729.

5. Full Name of Mother, Selma Helene Ennis

6. Mother's Maiden Name, Burke Berks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Ennis

9. Father's Occupation, Tug Boat

10. Father's Birthplace, Alexander

Name of Medical Attendant, or other person who makes this Return, M. Prell.

Address, S. Bond St 838

Remarks, Full name of child - William Edward Ennis Jr.

8940004181

RETURN OF A BIRTH, 58373

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth August 9th 1884
4. Place of Birth, (Street and Number) Cor Pennsylvania Ave Extens and
Hoff's Lane
5. Full Name of Mother Lula Paulus
6. Mother's Maiden Name Lula Irving
7. Mother's Birthplace Delaware
8. Full Name of Father George Paulus
9. Father's Occupation real estate agent
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. A. Taylor Norris
- Address 871 Kardin Ave
- Remarks

18940004182

RETURN OF A BIRTH.

58374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4.

1. Sex, (state whether male or female)

Boy.

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

9. August.

4. Place of Birth, (Street and Number)

N 210. Chapel Street.

5. Full Name of Mother,

Kathia Brickner.

6. Mother's Maiden Name,

Kathia Gosmann.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Joe Brickner.

9. Father's Occupation,

Botcher.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return,

Mary Kloss.

Address,

N 1938. Fairmount A.O.

Remarks,

18940004183

RETURN OF A BIRTH 58376-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 10th 1894 3 A.M.

4. Place of Birth, (Street and Number)

49 S. Fullin Ave.

5. Full Name of Mother,

Ella. J. Parlett.

6. Mother's Maiden Name,

Ella. J. Haupt.

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Benj. F. Parlett.

9. Father's Occupation,

Farrier

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

A. H. Stanton M.D.

Address,

1136 W. Broughton St.

Remarks,

RETURN OF A BIRTH.

58876

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth Aug 10
 4. Place of Birth (Street and Number) 425 N. Gilmer
 5. Full Name of Mother Carrie M. Frank
 6. Mother's Maiden Name Carrie Whelby
 7. Mother's Birthplace Baltimore
 8. Full Name of Father John C. Frank
 9. Father's Occupation Book Keeper
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Robert K. Kuman
 Address 220 N. Gilmer
 Remarks

18940004185

RETURN OF A BIRTH. 58577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Colored Race*
 3. Date of Birth, *Born August 10th 1894*
 4. Place of Birth, (Street and Number) *516 Spring Street*
 5. Full Name of Mother, *Mary Schofield*
 6. Mother's Maiden Name, *Mary Wilson*
 7. Mother's Birthplace, *Cambridge Md*
 8. Full Name of Father, *Steven Schofield*
 9. Father's Occupation, *Farmer*
 10. Father's Birthplace, *Pike County City*
 Name of Medical Attendant, or other person who makes this Return, *Georgina Brooks*
 Address, *1751 Mullikin St.*
 Remarks, *No Remarks*

18940004186

RETURN OF A BIRTH. 58378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Person or persons who sign hereafter in compliance with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth 5th*
 Sex, (state whether male or female) *Female*
 Race or Color, (if not of the white race) *Caucasian*
 Date of Birth, *Aug 10. 94*
 Place of Birth, (Street and Number) *806 Hampden St*
 Full Name of Mother, *Fannie Saphing Garner*
 Mother's Maiden Name, *Fannie Saphing*
 Mother's Birthplace, *Russia*
 Full Name of Father, *Julius Garner*
 Father's Occupation, *Clerk*
 Father's Birthplace, *Russia*
 Name of Medical Attendant, or other person who makes this Return, *D. Reichenstein*
 Address, *105 W. Care St*
 Remarks,

8940004187

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.
1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 10. August.
4. Place of Birth, (Street and Number) N 206. West Meath Street.
5. Full Name of Mother, Lizzie Winterling.
6. Mother's Maiden Name, Lizzie Sparker.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Frank Winterling.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Germany.
Name of Medical Attendant, or other person who makes this Return, Maria Kross.
Address, N 1933. Fairmount - St. v.
Remarks,

18940004188

RETURN OF A BIRTH 58380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Mulatto

3. Date of Birth,

Aug 10 - 94

4. Place of Birth (Street and Number),

936 Brevard St

5. Full Name of Mother,

Ida Brooks

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Edwin K. Ballard M.D.

Address,

955 Park Ave

Remarks,

18940004189

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58381

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.) 2.d.
 whether male or female male
 color, (if not of the white race) white
 Birth, Aug 10 1894
 Birth, (Street and Number) 301 Palaskia St
 of Mother, Lawrenceburg
 Maiden Name, Lawrenceburg
 Birthplace, Baltimore
 of Father, Geo O Burgan
 Occupation, Long Maker
 Birthplace, Baltimore
 Medical Attendant, or other person who makes this Return. Ruth A. Colborn

1830 Mc Leans St
 Premature Birth from Spontaneous Abortion

18940004190

RETURN OF A BIRTH. 58382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, August 10th 1896
 4. Place of Birth, (Street and Number) No. 3 Mine Bank Lane
 5. Full Name of Mother, Wilhelmine Scheine
 6. Mother's Maiden Name, Wachsmuth
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Wm. Scheine
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Prussia
 Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt
 Address, # 7 Mine Bank Lane
 Remarks, none

8940004191

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) Colored
- Date of Birth, 11 August 1894
- Place of Birth, (Street and Number) 365 West Biddle
- Full Name of Mother, Maggie Jackson
- Mother's Maiden Name, Maggie Henry
- Mother's Birthplace, Baltimore Md
- Full Name of Father, William Jackson
- Father's Occupation, Grocer
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Hester Colston
- Address, 29 Ruston Street
- Remarks,

5940004192

RETURN OF A BIRTH. 58384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
- Sex, (state whether male or female) *female*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *11th August 94*
- Place of Birth, (Street and Number) *Baltimore Patterson Park ave 613*
- Full Name of Mother, *Annie Katharine Kirby*
- Mother's Maiden Name, *Annie Katharine Neil*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Richard Samuel Kirby*
- Father's Occupation, *Plumber*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. Mary M. Taylor.*
- Address, *# 615 S. Patterson Park Ave.*
- Remarks, _____

18940004193

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-15-59
RETURN OF A BIRTH

58385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Christian King Mack

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *August 11-94*
4. Place of Birth, (Street and Number) *Cuba St. 1627*
5. Full Name of Mother, *Lizzie Mack*
6. Mother's Maiden Name, *Shade*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John Mack*
9. Father's Occupation, *Musician*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *Jabara Jansie*
- Address, *Garrett Ave 1363*
- Remarks,

940004194

RETURN OF A BIRTH. 58386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Aug 11/94
4. Place of Birth, (Street and Number) 1125 York Road
5. Full Name of Mother, Magdelene Weipert
6. Mother's Maiden Name, " Hartmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anton Weipert
9. Father's Occupation, Car conductor
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, A. B. Koenig
- Address, 713 York Road
- Remarks, _____

child to report its birth to the Commissioner of Health, in the manner and with in the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Marie Strauss h

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 3

1. Sex, (state whether male or female) - female

2. Race or Color, (if not of the white race) - white

3. Date of Birth, - August 11, 1894

4. Place of Birth, (Street and Number) - No. 7 Young Street

5. Full Name of Mother, - Elizabeth Strauss

6. Mother's Maiden Name, - Elizabeth Smith

7. Mother's Birthplace, - Germany, Baltimore

8. Full Name of Father, - John J. Strauss

9. Father's Occupation, - Laborer

10. Father's Birthplace, - Cantonville Balt Co

Name of Medical Attendant, or other person who makes this Return,

Address, - OVER NAME ADDED 4-27-53

Remarks, - h.m.

8940004196

shall to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. In reporting the birth to the Commissioner of Health, in the manner and within the period above required, and may such person or persons be held liable to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *August the 11 1894*
4. Place of Birth, (Street and Number) *Baltimore 8237 street*
5. Full Name of Mother, *Flordene Gibson*
6. Mother's Maiden Name, *anabrandontia*
7. Mother's Birthplace, *Wesley mothers*
8. Full Name of Father, *Wesley mothers*
9. Father's Occupation, *coachman*
10. Father's Birthplace, *anabrandontia*
- Name of Medical Attendant, or other person who makes this return, *Mary Turner*
- Address, *Paristally 912*
- Remarks, *500*

18940004197

RETURN OF A BIRTH 58390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother
 6. Mother's Maiden Name
 7. Mother's Birthplace
 8. Full Name of Father
 9. Father's Occupation
 10. Father's Birthplace
 Name of Medical Attendant, or other person who makes this Return.
 Address,
 Remarks,

1st
 Male
 White

August 11th 1894
 1501 David Hill av.

Miss Julia A. Ryan
 Miss Julia A. Leonard

Virginia

Mr. John Ryan
 Merchant

Maryland

Basel J. Short M.D.
 9 So. Fulton av.

18940004199

RETURN OF A BIRTH. 58391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Caucasian
 3. Date of Birth. August 11, 1914
 4. Place of Birth, (Street and Number) Baltimore Cleveland st 1332
 5. Full Name of Mother, Florence V Adams
 6. Mother's Maiden Name, Florence V Mahoney
 7. Mother's Birthplace, Baltimore County
 8. Full Name of Father, William V Adams
 9. Father's Occupation Laborer
 10. Father's Birthplace, Oxford Md
 Name of Medical Attendant, or other person who makes this Return. Grace Harris
 Address. 818 stockholder st
 Remarks,

1 8940004200

RETURN OF A BIRTH. 58392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one.*

2. Sex, (state whether male or female) *Boy*

3. Race or Color, (if not of the white race) *Colored*

4. Date of Birth, *assigned the 11 1894*

5. Place of Birth, (Street and Number) *Baltimore, Md Parishaly 413*

6. Full Name of Mother, *hester vifior*

7. Mother's Maiden Name, *hester Cook*

8. Mother's Birthplace, *glaston contra wa*

9. Full Name of Father, *seary Cook*

10. Father's Occupation, *driving team*

11. Father's Birthplace, *glaston contra wa*

12. Name of Medical Attendant, or other person who makes this Return, *Mary (B) Barnes*

Address, *912 Parishaly*

Remarks, *500*

1 8 9 4 0 0 0 4 2 0 1

Cert. Carw. 4-11-56

RETURN OF A BIRTH. 58393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Goemmer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks.

1st

Male

White

Aug 11th

1894

925 W. Saratoga St

Maria Goemmer

Germany

Germany

Charles Goemmer

Wheelwright

Germany

MW Minnie Graf

216 H. Schroder St

18940004202

RETURN OF A BIRTH.

58394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 11 57

4. Place of Birth, (Street and Number) Bond St 602

5. Full Name of Mother Louise Sappier

6. Mother's Maiden Name, Wenzler

7. Mother's Birthplace, Germany

8. Full Name of Father, William Sappier

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Keagy Keagy

Address, 602 S. Bond St.

Remarks,

1 8 9 4 0 0 0 4 2 0 3

GIVEN NAME ADDED, 5-18-64

RETURN OF A BIRTH 58375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: William Thomas STREHLAU

30

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (State whether male or female).

2. Race or color, (~~if not~~ of the white race)

3. Date of Birth,

July 12/84

4. Place of Birth, (Street and Number)

1312 W. Mulberry St

5. Full Name of Mother,

Mrs. Nellie E. Strehlau

6. Mother's Maiden Name,

E. Sanner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Strehlau

9. Father's Occupation,

Journalist

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

C. C. McDowell M.D.

Address,

1521 W. Fayette St

Remarks,

18940004204

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, 12th August 1894
5. Place of Birth, (Street and Number) Hopatoken St. No 1451
6. Full Name of Mother, Frieze Niel
7. Mother's Maiden Name, Dinnell
8. Mother's Birthplace, Baltimore
9. Full Name of Father, John Niel
10. Father's Occupation, Work Miner
11. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Harlowe Sherry
- Address, Fort E. Co. No 434
- Remarks,

1 8 9 4 0 0 0 4 2 0 5

and person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 583 97

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) W.

4. Date of Birth, Aug. 12/94

5. Place of Birth, (Street and Number) 2107 E. Lombard

6. Full Name of Mother, Margaret Shaw

7. Mother's Maiden Name, Kirschner

8. Mother's Birthplace, B. C.

9. Full Name of Father, Wm. E. Shaw

10. Father's Occupation, Machinist

11. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. McArthur

Address, 6 N. Broadway

Remarks,

18940004206

any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58398

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 12th 5⁵⁵ P. M. 1894

4. Place of Birth (Street and Number) 420 South Ann St.

5. Full Name of Mother Anna Eliza Reifner

6. Mother's Maiden Name A. E. Holt

7. Mother's Birthplace Baltimore City

8. Full Name of Father Reginald Lawrence

9. Father's Occupation Jeweller

10. Father's Birthplace Balto City

Name of Medical Attendant, or other person who makes this Return James E. Driville M.D.

Address 1701 Balto Beach

Remarks

18940004207

RETURN OF A BIRTH.

58399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Col

3. Date of Birth

August 12th 1894

4. Place of Birth, (Street and Number)

49th W. West St

5. Full Name of Mother,

Anna Keys

6. Mother's Maiden Name,

Anna Wallace

7. Mother's Birthplace,

Balt. Md

8. Full Name of Father,

William Keys

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balt. Md

Name of Medical Attendant,

or other Person who makes this Return.

Margreth Sprigg

Address,

127. Winter St Balt. Md

Remarks,

18940004202

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.) 1
Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th August 1904
4. Place of Birth, (Street and Number) 1738 Duncan Alley
Katie Daneker
5. Full Name of Mother, " " Riffle
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, M. W. Daneker
8. Full Name of Father, W. H. Daneker
9. Father's Occupation, New York
Father's Birthplace, Mrs. Brune
Name of Medical Attendant, or other person who makes this Return,
Address,
Remarks,

18940004209

RETURN OF A BIRTH. 58401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d. Child.*
1. Sex, (state whether male or female) *female.*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Aug. 12. 1894.*
4. Place of Birth, (Street and Number) *No. 1136 Cleveland St. Balt.*
5. Full Name of Mother, *Georgie E. Rolfe.*
6. Mother's Maiden Name, *Georgie E. McCall.*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *John W. Rolfe.*
9. Father's Occupation, *Car builder.*
10. Father's Birthplace, *Trappe Talbot Co. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. A. M. Bischoff.*
- Address, *No. 1136 Cleveland St.*
- Remarks, _____

1 8 4 4 0 0 0 4 2 1 0

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5d
2. Sex, (state whether male or female)... Female
3. Race or Color, (if not of the white race)... White
4. Date of Birth, The 12 August 1894
5. Place of Birth, (Street and Number)... 1022 Central Ave
6. Full Name of Mother, Mary Herbert
7. Mother's Maiden Name, Mary Eussigan
8. Mother's Birthplace, Howard Co
9. Full Name of Father, John Herbert
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mrs Christina Lauer
Address, 1059 Charles St
Baltimore Md
Remarks,

1894000421 City

RETURN OF A BIRTH. 58403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 4 2 1 2

RETURN OF A BIRTH. 58404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child John Bodensteiner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 12 1894

4. Place of Birth, (Street and Number) 209 Church St -

5. Full Name of Mother, Carry Bodensteiner

6. Mother's Maiden Name, Carry Muller

7. Mother's Birthplace, Germany

8. Full Name of Father, Thomas Bodensteiner

9. Father's Occupation, Bauer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. C. W. Kennard

Address, 704 E. Union St -

Remarks, A full developed child

weight 12 1/4

18940004213

RETURN OF A BIRTH. 58405-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 Sex, (state whether male or female) Boy
 Race or Color, (if not of the white race) White
 Date of Birth, August 12 1894
 Place of Birth, (Street and Number) 709 W Washington St.
 Full Name of Mother, Caroline Hecht
 Mother's Maiden Name, Garnier
 Mother's Birthplace, John Hecht
 Full Name of Father, Carpenter
 Father's Occupation, Garnier
 Father's Birthplace, Garnier
 Name of Medical Attendant, or other person who makes this Return, Mary Kappis
 Address, 205 Washington St
 Remarks, _____

18940004214

RETURN OF A BIRTH. 58406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *16*
Female
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 12th / 94*
4. Place of Birth, (Street and Number) *1107 E. Lombard St.*
5. Full Name of Mother, *Jennie Caplain*
6. Mother's Maiden Name, *Berman*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Max Caplain*
9. Father's Occupation, *Saddler*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this return, *Mrs. Feldman*
- Address, *1013 E. Lombard St.*
- Remarks, *18940004215*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58407 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 12th

4. Place of Birth, (Street and Number) Baital St. 508

5. Full Name of Mother, Josefa Flacner

6. Mother's Maiden Name, Poloska

7. Mother's Birthplace, Poland

8. Full Name of Father, Conrad Flacner

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 602 N Bond St.

Remarks.

8940004216

RETURN OF A BIRTH. 58408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Aug 13/94
 4. Place of Birth, (Street and Number) Balto. University Maternity 294 Bond.
 5. Full Name of Mother, Maggie Joyner
 6. Mother's Maiden Name, " Howard
 7. Mother's Birthplace, Balto. City
 8. Full Name of Father, Chas. Henry Joyner
 9. Father's Occupation, Butcher
 10. Father's Birthplace, Balto. City.
 Name of Medical Attendant, or other person who makes this Return. J. G. Ohlendorf, Jr. M. D.
 Address, 518 N. Bond St.
 Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *W*
3. Date of Birth, *August 13th 1894*
4. Place of Birth, (Street and Number) *46 E 26th St*
5. Full Name of Mother, *Minnie E Lyon*
6. Mother's Maiden Name, *Wilhelm*
7. Mother's Birthplace, *Italy*
8. Full Name of Father, *Geo D Lyon*
9. Father's Occupation, *Bookbinder*
10. Father's Birthplace, *Italy*
- Name of Medical Attendant, or other person who makes this return, *R. Davis M.D.*
- Address, *1507 N. Caroline St*
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
 Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, August 13th
 4. Place of Birth, (Street and Number) 609 W. Cross St Balto
 5. Full Name of Mother, Annie Elenora Nicholas
 6. Mother's Maiden Name, Annie Elenora Roth
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, William Louis Nicholas
 9. Father's Occupation, Shoemaker
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, Mrs. Bange or other person who makes this Return.
 Address, 111 Carroll St.
 Remarks, _____

RETURN OF A BIRTH. 58411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th August 1894

4. Place of Birth, (Street and Number) Hall Elm St. 1131

5. Full Name of Mother, Helke Schauer

6. Mother's Maiden Name, Krich

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Schauer

9. Father's Occupation, Watchmaker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Caroline Schauer 707 E. N. 939

Remarks,

1 3 9 4 0 0 0 4 2 2 0

RETURN OF A BIRTH. 58412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: WILLIAM FREDERICK STEHLE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, August 13, 1894

4. Place of Birth, (Street and Number) 1010 W. LEXINGTON ST.

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 4 2 2 1

RETURN OF A BIRTH. 58413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any and person or persons who shall neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) colored
 3. Date of Birth, August 13
 4. Place of Birth, (Street and Number) Hospital of the Good Samaritan
 5. Full Name of Mother, Annie Adams
 6. Mother's Maiden Name, Annie Wiley
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Henry Adams
 9. Father's Occupation, waiter
 10. Father's Birthplace, State of New York
 Name of Medical Attendant, or other person who makes this Return, Ida Collock M.D.
 Address, 1030 McCulloch St. Hospital of the Good Samaritan
 Remarks,

18940004222

RETURN OF A BIRTH. 58414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *white*
4. Date of Birth, *August 13th 194*
5. Place of Birth, (Street and Number) *No 1233 Gargant St.*
6. Full Name of Mother, *Margaretha L. Kraft.*
7. Mother's Maiden Name, *Krumm.*
8. Mother's Birthplace, *Baltimore Md.*
9. Full Name of Father, *George Kraft.*
10. Father's Occupation, *Painter & Hardwood Finisher.*
11. Father's Birthplace, *Germany.*
12. Name of Medical Attendant, or other person who makes this Return, *Mrs. Bessie*
13. Address, *711 Green St.*
14. Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male 9th*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 13th 94*

4. Place of Birth, (Street and Number) *1210 Rutland St.*

5. Full Name of Mother, *Mrs D. D. Clark*

6. Mother's Maiden Name, *Lelia Jennings*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Wm Clark*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *J. D. L. L. L. L. L.*

Address, *1214 Lincoln Ave*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58416

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. child
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth 13 August
4. Place of Birth (Street and Number) 623 Barton pt City
5. Full Name of Mother Rosa Scott
6. Mother's Maiden Name Sedgewick
7. Mother's Birthplace Prince George. Co. Md
8. Full Name of Father A. H. Scott
9. Father's Occupation Minister
10. Father's Birthplace Baltimore Co
- Name of Medical Attendant, or other Person who makes this Return. Mary C. Jones
- Address 1121 Star atoga St
- Remarks

10920004225

RETURN OF A BIRTH. 58417 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, August 1st 1894
4. Place of Birth, (Street and Number) No 2 S. Gilman
5. Full Name of Mother, Barbara E. Riley
6. Mother's Maiden Name, " Dobb
7. Mother's Birthplace, Sherrards Co Md
8. Full Name of Father, Samuel Riley
9. Father's Occupation, Laborer
10. Father's Birthplace, J. Castello Del.
- Name of Medical Attendant, or other person who makes this Return, J. Ridgway Andrew M.D.
- Address, 112 S. E. Balto St
- Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8440004226

RETURN OF A BIRTH. 58418,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. August 13
4. Place of Birth, (Street and Number) Baltimore 612 Bruce St.
5. Full Name of Mother. Mary Rich
6. Mother's Maiden Name. Mary Jones
7. Mother's Birthplace. St. Marys county, Md.
8. Full Name of Father. Dandridge Rich
9. Father's Occupation. Coal Cart
10. Father's Birthplace. Richmond Virginia
- Name of Medical Attendant, or other person who makes this Return. Garling Dusen
- Address. 1060 Ralphy St
- Remarks.

18940004227

RETURN OF A BIRTH. 58419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1-

Sex, (state whether male or female).

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 Jan Dukush

4. Place of Birth, (Street and Number)

S. Bond St 849

5. Full Name of Mother,

Mari Perandovska

6. Mother's Maiden Name,

Kvasinska

7. Mother's Birthplace,

Germaney

8. Full Name of Father,

Josep

Perandovskij

9. Father's Occupation,

Leber

10. Father's Birthplace,

Germaney

Name of Medical Attendant, or other person who makes this Return,

Address,

Mari Prost

Remarks,

S Bond 838

RETURN OF A BIRTH. 58420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female). Boy

2. Race or Color, (if not of the white race). White

3. Date of Birth, August 3rd 1892

4. Place of Birth, (Street and Number) W. Madena St

5. Full Name of Mother, Bertha Bunnell

6. Mother's Maiden Name, Bunnell

7. Mother's Birthplace, Bremen

8. Full Name of Father, Ernest Bunnell

9. Father's Occupation, Taylor

10. Father's Birthplace, Bremen

Name of Medical Attendant, or other person who makes this Return, Mary Keatis

Address, 205 M Washington St

Remarks,

Subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. (over)

Name - RUDOLPH MICHEL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

Sex, (state whether male or female)

Female MALE

2. Race or Color, (if not of the white race)

white

3. Date of Birth.

August 13. - 1894

4. Place of Birth, (Street and Number)

795 Grass Street

5. Full Name of Mother,

Louise Michel

6. Mother's Maiden Name,

" Dill

7. Mother's Birthplace,

Biedenkopf Germany

8. Full Name of Father,

Philipp Michel

9. Father's Occupation

Clarinetist

10. Father's Birthplace,

Kreis an der Lunda Hessen

Name of Medical Attendant, or other person who makes this Return,

Mrs Bange

Address,

711 Grass St.

Remarks,

RETURN OF A BIRTH. 58422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child
Girl

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born Aug 14th 1894

4. Place of Birth, (Street and Number)

#2120 Wilhelm St

5. Full Name of Mother,

Mrs. Mollie. Clopein

6. Mother's Maiden Name,

Miss Mollie Meyer

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Henry. Clopein

9. Father's Occupation,

Labor

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs. Miller

Address,

#2127 W. Pratt St

Remarks,

18940004231

RETURN OF A BIRTH. 58423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *August 14th 1894*

4. Place of Birth, (Street and Number) *227 Smith Street*

5. Full Name of Mother, *Mary Laugh*

6. Mother's Maiden Name, *Mary Coleman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Daniel Laugh*

9. Father's Occupation, *Police*

10. Father's Birthplace, *Baltimore*

11. Name of Medical Attendant, or other person who makes this Return, *Alfred J. G. G. G.*

Address, *480 W. 12th Street*

Remarks, _____

RETURN OF A BIRTH. 58424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Child

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born Aug 14th 1894

4. Place of Birth, (Street and Number)

#2193. Calverton Ave

5. Full Name of Mother,

Mrs. Lena. Haupt

6. Mother's Maiden Name,

Miss. Lena. Stokes

7. Mother's Birthplace,

Balto

8. Full Name of Father,

August. Haupt

9. Father's Occupation,

Car Stables

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this return,

Mrs. Keller

Address,

#2127 W Pratt Str

Remarks,

1 8 9 4 0 0 0 4 2 3 3

RETURN OF A BIRTH. 58425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

August 14

4. Place of Birth, (Street and Number)

711 Broadway St.

5. Full Name of Mother,

Carrie Butler

6. Mother's Maiden Name,

Carrie Butler

7. Mother's Birthplace,

Queen Ann's county

8. Full Name of Father,

John Conway

9. Father's Occupation

none

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Ida Collock M. D.

Address,

1030 N. Cullon St. Hospital of the Good Samaritan

Remarks,

1 8 9 4 0 0 0 4 2 3 4

RETURN OF A BIRTH. 58426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Aug. 14th 1894*
 4. Place of Birth, (Street and Number) *917 Gallagher St. Balto.*
 5. Full Name of Mother, *Eva Miller*
 6. Mother's Maiden Name, *Eva Bottles*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *John Miller*
 9. Father's Occupation, *Dr. Labour*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary M. Taylor*
 Address, *615 E. Patterson Pl. N.E.*
 Remarks,

18940004235

RETURN OF A BIRTH. 58427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 14th 1894

4. Place of Birth, (Street and Number) 806 E Lombard St.

5. Full Name of Mother, Lebbah Adler

6. Mother's Maiden Name, Lebbah Bernstein

7. Mother's Birthplace, Russia

8. Full Name of Father, Rephel Adler

9. Father's Occupation, Boys shop

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm. Feldman

Address, 1013 E Lombard St

Remarks, _____

1 8 9 4 0 0 0 4 2 3 6

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

5th

Male

Colored

Aug 15th 1894

15-18

Rutter St

Louisa Woodson

Louisa Christmas,

Warrenton N. Carolina

Hicks B. Woodson,

Waiter

Virginia

Frederick Johnson

1024 Park Ave

18940004237

RETURN OF A BIRTH. 58429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *August 14 1894*

4. Place of Birth, (Street and Number) *933 Greenwillow court*

5. Full Name of Mother, *Dela Wilson*

6. Mother's Maiden Name, *Dela Brown*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Robert H. Wilson*

9. Father's Occupation, *Master*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. H. Wilson*

Address, *509 Preston Street*

Remarks, _____

1 8 9 4 0 0 0 4 2 3 8

RETURN OF A BIRTH. 58430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13rd
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, 15th Aug 1894
 4. Place of Birth, (Street and Number) 1001 W Dallas st
 5. Full Name of Mother, Mary Jeffers
 6. Mother's Maiden Name, Merin
 7. Mother's Birthplace, Balto
 8. Full Name of Father, William Jeffers
 9. Father's Occupation, Teacher
 10. Father's Birthplace, Balto
 Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome
 Address, 944 N Gay st
 Remarks, _____

18940004239

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug. 15/94

4. Place of Birth, (Street and Number)

306 S. High St

5. Full Name of Mother,

Mary Ann Callahan

6. Mother's Maiden Name,

" " Buchheimer

7. Mother's Birthplace,

Bald

8. Full Name of Father,

Wm Callahan

9. Father's Occupation

Market Master

Father's Birthplace,

Bald

Name of Medical Attendant, or other person who makes this Return.

R. Mansfield

Address,

129 Broadway

Remarks,

18940004240

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 15th 94

4. Place of Birth, (Street and Number) 326 N. Schroeder St

5. Full Name of Mother, Annis Estelle Macker

6. Mother's Maiden Name, Annis Estelle Curry

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, Harry Macker

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Harry C. Oker, Md

Address, # 1703 N. Fayette St

Remarks, _____

18940064241

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Provisions of this section must be subject to the fine and forfeitures are recoverable.

GIVEN NAME ADDED 2-28-58
RETURN OF A BIRTH. 58433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Perry Leatherbury
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *M*

Race or Color, (if not of the white race)

Date of Birth, *Aug 15, 94*

Place of Birth, (Street and Number) *2116 McCulloch*

Full Name of Mother, *Minnie E Leatherbury*

Mother's Maiden Name, *" " Porter*

Mother's Birthplace, *MD*

Full Name of Father, *Geo. P. Leatherbury*

Father's Occupation, *Salesman*

Father's Birthplace, *MD*

Name of Medical Attendant, or other person who makes this Return, *J. M. Hurdley*

Address, *1002 Edmondson Ave*

Remarks,

over

RETURN OF A BIRTH 58434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Albert H. Mentzel 21-

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) Male.

2. Race or color, (if not of the white race) White -

3. Date of Birth, August 15th - 1894.

4. Place of Birth, (Street and Number) 24 E. Townsend St near Charles.

5. Full Name of Mother, Lily C. (Mentzell) Mentzel

6. Mother's Maiden Name, Alenah.

7. Mother's Birthplace, Ind.

8. Full Name of Father, Went E. (Mentzell) Mentzel

9. Father's Occupation, Stone-keeper.

10. Father's Birthplace, Cecil Co. Md.

Name of Medical Attendant, or other person who makes this Return. R. H. Goldsmith, M.D.

Address, Hudson Av. & Calhoun St.

Remarks,

1 8 9 4 0 0 4 2 4 3

Section to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 -
1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White.
3. Date of Birth, August 15th - 1894.
4. Place of Birth, (Street and Number) 1st House on Pinkie Road, N. W. of D. H. Park.
5. Full Name of Mother, Sarah H. Goldsmith.
6. Mother's Maiden Name, Windsor.
7. Mother's Birthplace, Virginia.
8. Full Name of Father, Frank J. Goldsmith.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Mississippi.
- Name of Medical Attendant, or other person who makes this Return, R. H. Goldsmith, M.D.
- Address, Harlem w. x Calhoun st
- Remarks,

18940004244

RETURN OF A BIRTH. 38436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)... Female

2. Race or Color, (if not of the white race)... White

3. Date of Birth, 16th August 1904

4. Place of Birth, (Street and Number) 2041 Hoffman st

5. Full Name of Mother, Mary Apple

6. Mother's Maiden Name, H. H. Kratzer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, H. Apple

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Burns

Address,

Remarks,

1 8 9 4 0 0 0 4 2 4 5

RETURN OF A BIRTH.

58437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 3d
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Aug 16th 1894
 4. Place of Birth, (Street and Number) 2005 Orleans St
 5. Full Name of Mother, Katharine Hoffman
 6. Mother's Maiden Name, Katharine Heilman
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Phillip J. Hoffman Jr
 9. Father's Occupation, Cigar Manufacturer
 10. Father's Birthplace, Balto. Md.
 Name of Medical Attendant, or other person who makes this Return, Mrs. M. Taylor
 Address, #615 J. Patterson Pl. Ave.
 Remarks,

18940004246

RETURN OF A BIRTH. 58438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Aug. 16 1894
 4. Place of Birth, (Street and Number) 1829 North Dallas st
 5. Full Name of Mother, Mignia Luhn
 6. Mother's Maiden Name, Mignia G. Linton
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Andrew Luhn
 9. Father's Occupation, Shipman
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Saml H. Foster
 Address, 1600 E. Lombard st
 Remarks,

18940004247

jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall have failed to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 16 1894*
4. Place of Birth, (Street and Number) *No 2135*
5. Full Name of Mother, *Josephine Smith*
6. Mother's Maiden Name, *Josephine Smith*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Joseph Smith*
9. Father's Occupation, *Refrigerator*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *Blaisie Schreiner*
- Address, *1010 Durham St*
- Remarks,

18940004248

RETURN OF A BIRTH. 58440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Color
 3. Date of Birth, 8/10 - 1894
 4. Place of Birth, (Street and Number) 925 - Stirling Street
 5. Full Name of Mother, Prudence Jane Johnson
 6. Mother's Maiden Name, Prudence Jane Benson
 7. Mother's Birthplace, Carroll County Maryland
 8. Full Name of Father, Josiah Johnson
 9. Father's Occupation, Pullman Porter
 Father's Birthplace, Baltimore County Maryland
 Name of Medical Attendant, or other person who makes this Return, Elizabeth Champ
 Address, Josiah Johnson, 925 - Stirling St. Baltimore
 Remarks,

58440004249

RETURN OF A BIRTH. 58441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex, (state whether male or female)... *Male*
 2. Race or Color, (if not of the white race)... *Colored*
 3. Date of Birth, *August 16*
 4. Place of Birth, (Street and Number) *Baltimore Lemon Aly*
 5. Full Name of Mother, *Elice Cornel*
 6. Mother's Maiden Name, *Marigone Morris*
 7. Mother's Birthplace, *Baltimore County*
 8. Full Name of Father, *Elick Cornel*
 9. Father's Occupation, *Stable Boss*
 10. Father's Birthplace, *Charles County*
 Name of Medical Attendant, or other person who makes this Return, *Caroline Queen*
 Address, *106 E Robert Street*
 Remarks,

18940004250

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11. Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born Aug 16th 1894

4. Place of Birth, (Street and Number)

2127 - Prince St

5. Full Name of Mother,

Mrs. Caroline Kosloski

6. Mother's Maiden Name,

Miss. " Klaus

7. Mother's Birthplace,

West Prussia Germany

8. Full Name of Father,

Ferdinand Kosloski

9. Father's Occupation,

Watchman

10. Father's Birthplace,

West Prussia Germany

Name of Medical Attendant, or other person who makes this return,

Mrs. Hiller

Address,

#2127 W. Pratt St

Remarks,

18940004251

RETURN OF A BIRTH. 58443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 16/94

4. Place of Birth, (Street and Number)

210 E. Pratt Street East

5. Full Name of Mother,

Baca Sawaher

6. Mother's Maiden Name,

7. Mother's Birthplace,

Austria

8. Full Name of Father,

Joseph Sawaher

9. Father's Occupation

Shoe Store

10. Father's Birthplace,

Austria

Name of Medical Attendant, or other person who makes this Return,

M^{rs}. Anna Beasler

Address,

414 E York St. Balt.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other cases and forfeitures are recoverable.

18440004252

RETURN OF A BIRTH. 58444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, 17th of August 1894
- Place of Birth, (Street and Number) Baltimore 40221 Rock street
- Full Name of Mother, Ellen Emma Schunk
- Mother's Maiden Name, Emma Vogt
- Mother's Birthplace, Baltimore
- Full Name of Father, Ellen Frank Schunk
- Father's Occupation, Shoe Maker
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. J. M. Hunter
- Address, 2311 Poppleton St
- Remarks,

1 8 9 4 0 0 0 4 2 5 3

RETURN OF A BIRTH. 58445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th August 1874
4. Place of Birth, (Street and Number) Pratt St. No. 1512
5. Full Name of Mother, Mari Gaudreau
6. Mother's Maiden Name, Toutan
7. Mother's Birthplace, Elias Gaudreau Ballinor
8. Full Name of Father, Elias Gaudreau
9. Father's Occupation, Marl Miner
10. Father's Birthplace, Ballinor
- Name of Medical Attendant, or other person who makes this Return, Thos. E. G. No. 434
- Address, Thos. E. G. No. 434
- Remarks, _____

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

18940004254

RETURN OF A BIRTH

58446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

Colored

Date of Birth,

17th of August.

Place of Birth, (Street and Number)

911 Forest St. Balt. Md.

Full Name of Mother,

Georgie Ella Kelley

Mother's Maiden Name,

Brown

Mother's Birthplace,

Baltimore City Md.

Full Name of Father,

Alexandra Kelly

Father's Occupation,

Salor

Father's Birthplace,

White Hall

Name of Medical Attendant, or other person who makes this Return.

Mrs. Mary Tills

Address,

914 Clifton Place Balt. City.

Remarks,

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

10440004255

RETURN OF A BIRTH.

58447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.
 1. Sex, (state whether male or female) Girl.
 2. Race or Color, (if not of the white race) white.
 3. Date of Birth, 14. August.
 4. Place of Birth, (Street and Number) N. 418. West street.
 5. Full Name of Mother, Veronika Schwarz Kopf.
 6. Mother's Maiden Name, Veronika Reiss.
 7. Mother's Birthplace, Baltimore.
 8. Full Name of Father, Charlie Schwarz Kopf.
 9. Father's Occupation, Glassworker.
 10. Father's Birthplace, Germany.
 Name of Medical Attendant, or other person who makes this Return, Mary Kloss.
 Address, N. 1932. Fairmount - St. v.
 Remarks,

18440004256

RETURN OF A BIRTH. 58448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th Aug. 1874
4. Place of Birth, (Street and Number) William St. No. 172
5. Full Name of Mother, Ema Regilius
6. Mother's Maiden Name, Rais
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Regilius
9. Father's Occupation, Wagon Maker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Haroline Conway Feb. E. Hy. N. 474
- Address, Haroline Conway Feb. E. Hy. N. 474
- Remarks, _____

RETURN OF A BIRTH 58449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 27th, 1894.*

4. Place of Birth, (Street and Number) *2022 Ridgwood Ave. City*

5. Full Name of Mother, *Mary Louisa Shealy*

6. Mother's Maiden Name, *Mary Louisa Haverlin*

7. Mother's Birthplace, *Strasbourg Germany*

8. Full Name of Father, *James William Shealy*

9. Father's Occupation, *Motorman E. Rail Way*

Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who make this Return, *James Trapp M.D.*

Address, *N. E. Cor. North Ave. Luck North H. St.*

Remarks,

18940004258

RETURN OF A BIRTH. 58450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *+*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 17th*

4. Place of Birth, (Street and Number) *Durham St. 708*

5. Full Name of Mother, *Josephine Vishneska*

6. Mother's Maiden Name, *Selleska*

7. Mother's Birthplace, *Poland*

8. Full Name of Father, *Anton Vishneska*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other person who makes this Return, *Mary Krozka*

Address, *602 S. Main St.*

Remarks, _____

1 8 9 4 0 0 0 4 2 5 9

RETURN OF A BIRTH. 58451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) White

4. Date of Birth, The 17 of August 1894

5. Place of Birth, (Street and Number) 1719 Leaning Ave

6. Full Name of Mother, Johanna Leight

7. Mother's Maiden Name, Johanna Horn

8. Mother's Birthplace, Germany

9. Full Name of Father, William Leight

10. Father's Occupation, Baker

11. Father's Birthplace, Germany

12. Name of Medical Attendant, or other person who makes this Return, Mrs Christina Leight

13. Address, 1137 Maryland Ave

14. Remarks, Baltimore Md

1894000426 City

RETURN OF A BIRTH. 58452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Boy*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Born Aug 17th 1894*
 4. Place of Birth, (Street and Number) *# 314 Forrest St*
 5. Full Name of Mother, *Mrs. Maggie Hoffman*
 6. Mother's Maiden Name, *Miss Hill*
 7. Mother's Birthplace, *Bayern Germany*
 8. Full Name of Father, *John Hoffman*
 9. Father's Occupation, *Butcher*
 10. Father's Birthplace, *Bayern Germany*
 Name of Medical Attendant, or other person who makes this return, *Mrs. Hill*
 Address, *# 2127 W. Pratt St*
 Remarks,

18940004261

For every failure to file or to file this return, or to file it after the time specified, a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Persons who report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *Known African origin*
3. Date of Birth, *August 17, 1894.*
4. Place of Birth, (Street and Number) *S. Euter St. No. 815.*
5. Full Name of Mother, *Emilie Buttler.*
6. Mother's Maiden Name, *Emilie Simpfendorfer.*
7. Mother's Birthplace, *Calvert County, Md.*
8. Full Name of Father, *Albert Buttler.*
9. Father's Occupation, *Seiler.*
10. Father's Birthplace, *Calvert County, Md.*
Name of Medical Attendant, or other person who makes this Return. *A. F. Holzman, M.D.*
Address, *No. 630, S. Euter St. Balt. Md.*
Remarks, *Alone child is incapable to continue to live, as its mother's period of gestation extended only to 5 months and 3 weeks into twin. Sister being born dead, 3 1/2 hours after return of still birth.*

RETURN OF A BIRTH.

58454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 17th 1894

4. Place of Birth, (Street and Number)

1710 W. Lanvale

5. Full Name of Mother,

Lulu Marsh

6. Mother's Maiden Name,

Lulu Lunsby

7. Mother's Birthplace,

Mount Savage Md

8. Full Name of Father,

James Marsh

9. Father's Occupation

Matriman

10. Father's Birthplace,

Mount Savage Md

Name of Medical Attendant,

or other person who
made this Return,

W. A. Colston Midwife

Address,

1720 W. Lanvale

Remarks,

Persons reporting to the Registrar of Births, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

18948004263

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- 58455-58475
1. Sex, (state whether male or female). *Male.*
2. Race or Color, (if not of the white race). *Colored.*
3. Date of Birth, *August 17th 1894*
4. Place of Birth, (Street and Number). *1122 N. Mount St.*
5. Full Name of Mother, *Martha Lewis*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Lancaster Va.*
8. Full Name of Father, *Illegitimate.*
9. Father's Occupation, *Illegitimate.*
10. Father's Birthplace, *Illegitimate.*
- Name of Medical Attendant, or other person who makes this Return. *Horace L. Fair M.D.*
- Address, *1122 N. Mount St.*
- Remarks, _____

18940004264

RETURN OF A BIRTH. 58456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall report the birth to the Commissioner of Health, in the manner and within the period above required, and shall pay the fee of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *August 17th 1894*
4. Place of Birth, (Street and Number) *1122 N. Mount St.*
5. Full Name of Mother, *Ella Morland*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace. *Morlborough, Md.*
8. Full Name of Father, *Illegitimate*
9. Father's Occupation *Illegitimate*
10. Father's Birthplace, *Illegitimate*
- Name of Medical Attendant, or other person who makes this Return. *Dr. H. L. Fair, M.D.*
- Address, *1122 N. Mount St.*
- Remarks.

18940004265

RETURN OF A BIRTH. 58457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female). Male
- Race or Color, (if not of the white race). White
- Date of Birth, August 18th 1894
- Place of Birth, (Street and Number) 1299 Rutaw st
- Full Name of Mother, Mary Brodt
- Mother's Maiden Name, Mary Mattliar
- Mother's Birthplace, Baltimore
- Full Name of Father, August Brodt
- Father's Occupation, Piano mover
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs Bange
- Address, 711 Barn St.
- Remarks,

58457

RETURN OF A BIRTH. 58458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White Race*

3. Date of Birth, *At negro 18/1/14*

4. Place of Birth, (Street and Number) *No 1830 Light St*

5. Full Name of Mother, *Maggie Kees*

6. Mother's Maiden Name, *Ludwig*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *John Kees*

9. Father's Occupation, *Labore*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other person who makes this Return, *Hannie Jones*

Address, *No 1603 S Charles St*

Remarks, *Yours. Respectfully,*

1 8 9 4 0 0 0 4 2 6 7

RETURN OF A BIRTH. 58459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether ~~male~~ or female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 18th 1894
4. Place of Birth, (Street and Number) Culbertson Road Annex
5. Full Name of Mother, Ottilia Bauer
6. Mother's Maiden Name, Ottilia Reed
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Bauer
9. Father's Occupation, Coach Painter
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, J. P. Monmonier
- Address, Wethersville Md
- Remarks, _____

18940004268

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caution to report the birth of a child in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be adjudged to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18 August 1894

4. Place of Birth, (Street and Number)

2671 Penn'a Avenue

5. Full Name of Mother,

Kate C. Malm

6. Mother's Maiden Name,

u Lewis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James R. Malm

9. Father's Occupation,

Barisman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

W. Brewer M.D.

Address,

1106 W. Fulton St.

Remarks,

18940004269

RETURN OF A BIRTH 58461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 18, 1894

4. Place of Birth, (Street and Number) 1209 Mosher St

5. Full Name of Mother, Helen J. Camm

6. Mother's Maiden Name, Helen J. Price

7. Mother's Birthplace, Balto

8. Full Name of Father, Howard Camm

9. Father's Occupation, Upholsterer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, H. F. Wright M.D.

Address, 101 N. Carey St

Remarks,

18940004270

shall be reported to the Registrar of Vital Statistics, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 18th 1894

4. Place of Birth, (Street and Number)

1606 E Eager st

5. Full Name of Mother,

Mary C Keagle

6. Mother's Maiden Name,

Wolk

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

Charles Keagle

9. Father's Occupation

Clerk

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs Julia Groome

Address,

1944 N Bay st

Remarks,

18940004271

RETURN OF A BIRTH. 58463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female).

male

2. Race or Color, (if not of the white race).

colored

3. Date of Birth.

Aug. 18, 1894

4. Place of Birth, (Street and Number).

1126 Brighton St

5. Full Name of Mother,

Sarah Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Walter Hyman

9. Father's Occupation

oyster shucker

10. Father's Birthplace,

Eastern Shore Ind

Name of Medical Attendant, or other person who makes this Return.

Ida Pollack M.D.

Address,

Hospital of the Good Samaritan 1030 W. Calhoun

Remarks,

18940004272

RETURN OF A BIRTH. 58464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4th.
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)... White Race
3. Date of Birth, ... August 5, 1894
4. Place of Birth, (Street and Number)... No. 4 Randall St.
5. Full Name of Mother, ... Martha Swanebeck
6. Mother's Maiden Name, ... Kungler
7. Mother's Birthplace, ... Prussia
8. Full Name of Father, ... Fred Swanebeck
9. Father's Occupation, ... Saloon
10. Father's Birthplace, ... Prussia
- Name of Medical Attendant, or other person who makes this Return, ... Annie Jones
- Address, ... Yours Respectfully
- Remarks, ... No. 1603 S. Charles St.

18940004273

RETURN OF A BIRTH. 38465-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalties upon the mother, immediately thereafter, to be paid by her, or by the father, if he be living, for each child so reported, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 66
 Sex, (state whether male or female) female
 Race or Color, (if not of the white race) colored
 Date of Birth, 18th August 1894
 Place of Birth, (Street and Number) 11 E. Dallas Street
 Full Name of Mother, Calista Corsey
 Mother's Maiden Name, Calista Jackson
 Mother's Birthplace, Saint Mary County
 Full Name of Father, Columbus Corsey
 Father's Occupation, Stevedore
 Father's Birthplace, Saint Mary County
 Name of Medical Attendant, or other person who makes this Return, Caroline Patterson
 Address, 419 Lewis Street
 Remarks, Living well

18940004274

RETURN OF A BIRTH.

58466

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *18 Aug. 94*
4. Place of Birth (Street and Number) *1017 Whatehall St*
5. Full Name of Mother *Lizzie Glass*
6. Mother's Maiden Name *Bruett*
7. Mother's Birthplace *West River*
8. Full Name of Father *Frank Glass*
9. Father's Occupation *waiter*
10. Father's Birthplace *Cumple, Mo*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Gould*
- Address *1121 Washington St*
- Remarks

584664275

RETURN OF A BIRTH. 58467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug 18/94

4. Place of Birth, (Street and Number)

9th Penn. Ave.

5. Full Name of Mother

Caroline Rege

6. Mother's Maiden Name

Guerrich

7. Mother's Birthplace

Germany

8. Full Name of Father

John Rege

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Germany

Name of Medical Attendant, or other person who makes this Return

C. L. Brannen

Address

414 S. Paca St.

Remarks

8740004276

to report as birth to the Registrar of Births, in the manner and within the time herein above required, and any such person or persons who shall neglect or refuse to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col

3. Date of Birth, August 18th 1894

4. Place of Birth, (Street and Number) 6. W. West st

5. Full Name of Mother, Lucy Pinkett

6. Mother's Maiden Name, Lucy Blake

7. Mother's Birthplace, Bucktown

8. Full Name of Father, Ch. Pinkett

9. Father's Occupation, Farmer

10. Father's Birthplace, Bucktown

Name of Medical Attendant, or other person who makes this Return, Caroline Moore

Address, 49. W. West st Balto Md

Remarks, _____

1 8 9 4 0 0 0 4 2 7 7

any such person or persons who shall hereunder fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 18, 1894

4. Place of Birth, (Street and Number) No. 1028 W. Eden st

5. Full Name of Mother, Rose Gentry

6. Mother's Maiden Name, Rose Laville

7. Mother's Birthplace, Maryland

8. Full Name of Father, Alfred Gentry

9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Louisiana

Name of Medical Attendant, or other person who makes this Return, Dr. R. Blewett

Address, 1241 Harford Ave.

Remarks, _____

8940004278

RETURN OF A BIRTH. 58480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race). White
3. Date of Birth, Aug. 19th
4. Place of Birth, (Street and Number). Bond Str. 602
5. Full Name of Mother, Anna Kuslunich
6. Mother's Maiden Name, Vukobri
7. Mother's Birthplace, Poland
8. Full Name of Father, Mike Kuslunich
9. Father's Occupation, Laborer
- Father's Birthplace, Norwegen
- Name of Medical Attendant, or other person who makes this Return, Mary Krozka
- Address, 602 S. Bond St.
- Remarks,

1 8 9 4 0 0 0 4 2 7 9

RETURN OF A BIRTH. 58481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 20th 94*

4. Place of Birth. (Street and Number) *1107 E. Lawrence St.*

5. Full Name of Mother, *Annice Key*

6. Mother's Maiden Name, *Annice Koop*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Harry Clifton Key*

9. Father's Occupation, *Laborer Clerk*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *J. H. Galloway M.D.*

Address, *318 E. Lawrence St.*

Remarks,

8940004280

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the same penalties as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 15 1892

4. Place of Birth, (Street and Number) 927 N. E. St.

5. Full Name of Mother, Mary E. Smith

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, N. Y.

8. Full Name of Father, James E. Smith

9. Father's Occupation, Clerk

10. Father's Birthplace, N. Y.

Name of Medical Attendant, or other person who makes this Return, J. E. Smith

Address, 927 N. E. St.

Remarks, ..

38482

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- 2d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 20th 1894
4. Place of Birth, (Street and Number) 1929 Canton ave
5. Full Name of Mother, Sarah Lynch
6. Mother's Maiden Name, Sarah Courtman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Lynch
9. Father's Occupation, Stevadore
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Joseph E. Eisenberg M.D.
- Address, 408 S. Washington St
- Remarks,

1 8 9 4 0 0 0 4 2 8 2

RETURN OF A BIRTH. 58184 over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Hardy Whitney
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Monday Aug. 20th 94. (5:40 A.M.)
 4. Place of Birth, (Street and Number) "Armedel House" on Charles St. in Royal
 5. Full Name of Mother, Katherine V. Chambers
 6. Mother's Maiden Name, Katherine V. Pyle
 7. Mother's Birthplace, Richmond Va.
 8. Full Name of Father, Frank Chambers
 9. Father's Occupation, Merchant
 10. Father's Birthplace, Richmond Va.
 Name of Medical Attendant, or other person who makes this Return, Edmund W.
 Address, 116 W. Mulberry St.
 Remarks, Full

1 8 9 4 0 0 0 4 2 8 3

Penalty for each offence, to be recovered in other fines and forfeitures are recoverable, deducted to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH. 58485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each report is subject to the provisions of the Act in the Registrar and within the period above required, and any such person who fails to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

1. Sex, (state whether male or female) Girl.
 2. Race or Color, (if not of the white race) white.
 3. Date of Birth, 20 August.
 4. Place of Birth, (Street and Number) N 1927 Fairmount - A. v.
 5. Full Name of Mother, Catherine Nerei.
 6. Mother's Maiden Name, Catherine Ferrell.
 7. Mother's Birthplace, Ireland.
 8. Full Name of Father, John Nerei.
 9. Father's Occupation, Laborer.
 10. Father's Birthplace, Ireland.
 Name of Medical Attendant, or other person who makes this Return, Mary Glass.
 Address, N 1933 Fairmount - A. v.
 Remarks,

18940004284

RETURN OF A BIRTH. 58486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any man, person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20 August.

4. Place of Birth, (Street and Number) Coakley St.

5. Full Name of Mother, Soddie Thompson

6. Mother's Maiden Name, Hamore

7. Mother's Birthplace, Verover

8. Full Name of Father, Harry Thompson

9. Father's Occupation, Laborer

10. Father's Birthplace, Westonsbury

Name of Medical Attendant, or other person who makes this Return, R. J. McFarlane

Address, Hall St. 1331 Locust Point

Remarks,

5848604285

RETURN OF A BIRTH. 58487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, August 28, 1894

4. Place of Birth, (Street and Number) 718 Portland St

5. Full Name of Mother, Mrs. Bertha Scott

6. Mother's Maiden Name, Miss Bertha Engelbach

7. Mother's Birthplace, Kessen Cassan, Prussia, Germany

8. Full Name of Father, Mr. James H. Scott

9. Father's Occupation, Stable Chaser

10. Father's Birthplace, Annapolis, Md

Name of Medical Attendant, or other person who makes this Return, Mr. March

Address, Car Leadenhall & Chatterbox St

Remarks,

58487

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) W-

3. Date of Birth, Aug 20 1894

4. Place of Birth, (Street and Number) 231 N Poppleton St.

5. Full Name of Mother, Maggie Jeffress.

6. Mother's Maiden Name, /

7. Mother's Birthplace, /

8. Full Name of Father, /

9. Father's Occupation, /

10. Father's Birthplace, /

Name of Medical Attendant, or other person who makes this Return, Henry G. Wiley M.D.

Address, 622 W Lombard St.

Remarks, /

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

Persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth. 21 August

4. Place of Birth, (Street and Number) 1353 Hill St.

5. Full Name of Mother, Elizabeth Glover

6. Mother's Maiden Name, " Kraus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Glover

9. Father's Occupation, Fishman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. M. M. M.

Address, 1331 Hill St.

Remarks,

18940004289

RETURN OF A BIRTH. 58491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female).

Race or Color. (if not of the white race)

Date of Birth,

Place of Birth. (Street and Number)

Full Name of Mother,

Mother's Maiden Name.

Mother's Birthplace.

Full Name of Father,

Father's Occupation

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Female

White

21. Augst

860 St. Peter St.

Mrs. Ella Mack

Mrs. Edley Kroger

Baltimore

John A. Mack

Vanisher

Baltimore City

Dr. Bangs

111 Green Street

8940004296

RETURN OF A BIRTH. 58492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall to report is to the Commissioner of Health, in the manner and to the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 21, 1894

4. Place of Birth, (Street and Number)

1619 E. North Ave.

5. Full Name of Mother,

Alice Hyman

6. Mother's Maiden Name,

Alice Fainall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Hyman

9. Father's Occupation,

Rail Road Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

for other person who makes this Return.

J. J. Martonnet

Address,

1701 Caroline St.

Remarks,

5840004291

RETURN OF A BIRTH. 58493 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 21st 1894

4. Place of Birth, (Street and Number) 418 Boulevard St

5. Full Name of Mother, Maggie C. Jones

6. Mother's Maiden Name, Mary Ann Jones

7. Mother's Birthplace, Jefferson

8. Full Name of Father, Fruit Parker

9. Father's Occupation, Baltimore

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Jones

Address, St 509 W. 1st St

Remarks, all day

GIVEN NAME ADDED - 5/3/73

RETURN OF A BIRTH. 58494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CHARLES HAMILTON BOOZE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 D
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 24 1894 1894
4. Place of Birth, (Street and Number) 455 Pierce Street
5. Full Name of Mother, Sally Boose
6. Mother's Maiden Name, Sally Jones
7. Mother's Birthplace, Vergennes
8. Full Name of Father, Philip Boose
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Hester Putance
- Address, 609 Preston St
- Remarks,

584940004293

Will to report is birth in the County of Health, in the manner and within the period above required, and any person who fails to do so, or who makes a false report, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58495-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Calla to Regis. to be made at the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to make such return as herein required, shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *first*
1. Sex, (state whether male or female)... *female*
2. Race or Color, (if not of the white race)... *colored*
3. Date of Birth... *August 21, '94*
4. Place of Birth, (Street and Number)... *Hospital of the Good Samaritan*
5. Full Name of Mother... *Cora Gross*
6. Mother's Maiden Name... *Cora Gross*
7. Mother's Birthplace... *Baltimore*
8. Full Name of Father... *James Lewis Brickens*
9. Father's Occupation... *laborer on a farm*
10. Father's Birthplace... *Virginia, Southampton Co.*
- Name of Medical Attendant, or other person who makes this Return... *Ida Collack M.D.*
- Address... *Hospital of the Good Samaritan, 1030 N. Calhoun St.*
- Remarks, _____

5840004294

RETURN OF A BIRTH.

58496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act, or who shall be convicted of any offence under this act, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

August 21, 1904

4. Place of Birth, (Street and Number)

304 Hanover St

5. Full Name of Mother,

Fette Hoffman

6. Mother's Maiden Name,

Fette Bloch

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Abraham Hoffman

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return,

Dr. Rubinstein

Address,

105 W. Baltimore St.

Remarks,

RETURN OF A BIRTH. 58497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number) #718 S. Charles Street Baltimore

5. *Full Name of Mother,*6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

to report its birth to the Commissioner of Health, in the manner and with in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Aug 25 1894

4. Place of Birth (Street and Number), Stone Hill (Morton)

5. Full Name of Mother, Lucy Crabson

6. Mother's Maiden Name, Best

7. Mother's Birthplace, Md

8. Full Name of Father, Thomas Crabson

9. Father's Occupation, Machinist

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, D. S. Williams, M.D.

Address, #244 Carroll St.

Remarks, North Baltimore (Anney)

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 21st

4. Place of Birth, (Street and Number) 641 W Lombard St

5. Full Name of Mother, Julia A. Blake

6. Mother's Maiden Name, Julia A. Weatherlow

7. Mother's Birthplace, Minnesota

8. Full Name of Father, William H Blake

9. Father's Occupation, Painter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return.

Address, Heidelberg Ave

Remarks, 641 So Bacon St

RETURN OF A BIRTH. 58500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 21 18

4. Place of Birth, (Street and Number) Register 108518

5. Full Name of Mother, Francis Yelicki

6. Mother's Maiden Name, " Shagowska

7. Mother's Birthplace, Poland

8. Full Name of Father, John Yelicki

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krzyk

Address, 22 S. Bond

Remarks,

8940004299

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Annie Coretta Wroten

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 21/94

4. Place of Birth, (Street and Number) 2112 E. Fayette St.

5. Full Name of Mother, Mina Roden Wroten

6. Mother's Maiden Name, " Bahr

7. Mother's Birthplace, Balto.

8. Full Name of Father, James (Roden) Wroten

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Mrs. Deisenhofer
2225 Gough St.

18940604300

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940004301

RETURN OF A BIRTH. 58503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)... White
3. Date of Birth, 21 August 1894
4. Place of Birth, (Street and Number)... 410 Chapel St
5. Full Name of Mother, Mali Bretzel
6. Mother's Maiden Name, Mali Pederson
7. Mother's Birthplace, Battersea
8. Full Name of Father, Jan Bretzel
9. Father's Occupation, Launder
10. Father's Birthplace, Battersea M.D
- Name of Medical Attendant, or other person who makes this Return, Ellen Smith
- Address, 504 1st Washington St
- Remarks,

18940004302

RETURN OF A BIRTH. 58504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 21/94

4. Place of Birth, (Street and Number)

620 N. Fremont ave

5. Full Name of Mother,

Catherine A. Currin

6. Mother's Maiden Name,

" " Sharkey

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Waddy George Currin

9. Father's Occupation

Salesman

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return

Dr. C. Gibbons M.D.

Address,

1102 W. Lafayette ave

Remarks,

RETURN OF A BIRTH. 58505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21st of August 94

4. Place of Birth, (Street and Number)

2127 Calverton Road

5. Full Name of Mother,

Lena Mehrl

6. Mother's Maiden Name,

Lena Zimmer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Mehrl

9. Father's Occupation

Braumeister

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Friederike Heerle Midwife

Address,

2116 West Pratt St.

Remarks,

8 9 4 0 0 0 4 3 0 4

RETURN OF A BIRTH. 58506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 21 - 94

4. Place of Birth, (Street and Number)

1824 Eager

5. Full Name of Mother,

Pinkie Schissler

6. Mother's Maiden Name,

Muttrill

7. Mother's Birthplace,

Va

8. Full Name of Father,

John Schissler

9. Father's Occupation

Cigar maker

10. Father's Birthplace,

Ma

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

1438 N. Bond St

Remarks,

18940004305

RETURN OF A BIRTH. 58507 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *Aug 21st 1894*

4. Place of Birth, (Street and Number) *1715 E. Oliver St*

5. Full Name of Mother, *Sora Matilda Ryder*

6. Mother's Maiden Name, *Ryder*

7. Mother's Birthplace, *Baltimore Co. Md*

8. Full Name of Father, *Otto S. Ryder*

9. Father's Occupation, *Clothing Cutter*

Father's Birthplace, *Delaware Co. Ohio*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 4 3 0 6

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be found to fail to comply with the provisions of this article shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately after the birth of any child, or should no other person be in attendance upon the mother, immediately after the birth of any child, the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return,

Address,

Remarks,

Third
Female

White

Aug 21 1894

1115 Chesapeake St

Catherine

Passagno

Italy

Ferdinand Reigiers

Foreman

Italy

E. Brillman M.D.

1114 Chesapeake St

58540004307

RETURN OF A BIRTH. 58509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Aug. 22nd 1894

Place of Birth, (Street and Number) 706 Asquith

Full Name of Mother, Emma Becker

Mother's Maiden Name, " Boss

Mother's Birthplace, Germany

Full Name of Father, George Becker

Father's Occupation, Shoe Maker

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, George Becker

Address, 706 Asquith

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38510 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III
- Sex, (state whether male or female) Girl
- Race or Color, (if not of the white race) White
- Date of Birth, Aug. 22/94
- Place of Birth, (Street and Number) 117 N. Bradford Str.
- Full Name of Mother, Kathie Riedger
- Mother's Maiden Name, Pierger
- Mother's Birthplace, Balto.
- Full Name of Father, Frank Riedger
- Father's Occupation, Stevendore
- Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Dissenhofer

Address, 2225 Gough Str.

Remarks, _____

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Emma Caroline Folkmann*

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940004310

RETURN OF A BIRTH. 58512 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, etc.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

August 22nd 1894, 8 AM

4. Place of Birth, (Street and Number)

1215 E. Main St

5. Full Name of Mother,

Annie Scherer

6. Mother's Maiden Name,

" Babat

7. Mother's Birthplace,

Balti

8. Full Name of Father,

Charles C. Scherer

9. Father's Occupation

Housefinishing Work

10. Father's Birthplace,

Balti

Name of Medical Attendant, or other person who makes this Return,

Alfred Thacker M.D.

Address,

25 W. Preston St

Remarks,

18940004311

child is report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, 22th August
 Place of Birth, (Street and Number) No 836 E. Chester
 Full Name of Mother, Lucille Dorsey
 Mother's Maiden Name, Lucille Frederick
 Mother's Birthplace, Baltimore
 Full Name of Father, W. C. Dorsey
 Father's Occupation, Carpenter
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. S. Gross
 Address, 1907 E. Monument St
 Remarks, _____

18940004312

any such person or persons who shall hereafter fail to comply with the provisions of this section or who shall be convicted of an offence under this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female -

2. Race or Color, (if not of the white race)

White -

3. Date of Birth

August 22, 1894.

4. Place of Birth, (Street and Number)

637 N. Carey st.

5. Full Name of Mother,

Lillie M. Oliver,

6. Mother's Maiden Name,

" " Reese,

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Edward D. E. Oliver -

9. Father's Occupation

Traveling Salesman -

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return,

E. H. Holbrook, M.D.,

Address,

714 N. Carey st.

Remarks,

18940004313

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth, August 22

5. Place of Birth, (Street and Number) 6 N Caroline St

6. Full Name of Mother, Bertha Reich

7. Mother's Maiden Name, Bertha Debus

8. Mother's Birthplace, Baltimore

9. Full Name of Father, Henry Reich

10. Father's Occupation, Box-maker

11. Father's Birthplace, Baltimore

12. Name of Medical Attendant, or other person who makes this Return, Mrs. Minch

13. Address,

14. Remarks,

1 8 9 4 0 0 0 4 3 1 4

RETURN OF A BIRTH. 58516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 22/94
4. Place of Birth, (Street and Number) 1747 E. Lombard St.
5. Full Name of Mother, Kathie Prime
6. Mother's Maiden Name, " Rudels
7. Mother's Birthplace, Balto.
8. Full Name of Father, Sebastian Prime
9. Father's Occupation, Taylor
10. Father's Birthplace, Balto.
11. Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer
- Address, 2225 Gough St.
- Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and above required, and

RETURN OF A BIRTH.

58517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race)
- Date of Birth, Aug. 22, 1894
- Place of Birth, (Street and Number) 2107 N. Pulaski
- Full Name of Mother, Amelia McCoy
- Mother's Maiden Name, Jamowski
- Mother's Birthplace, England
- Full Name of Father, Joseph R. McCoy
- Father's Occupation, Hairdresser
- Father's Birthplace, Pa. 10
- Name of Medical Attendant, or other person who makes this Return, Edward H. Lincoln M.D.
- Address, 1403 W. Fayette St.
- Remarks,

15740504315

RETURN OF A BIRTH. 58378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st August 1894
4. Place of Birth, (Street and Number) 731 Cumberland St
5. Full Name of Mother, Lynora V. Shockney
6. Mother's Maiden Name, Lynora V. Moore
7. Mother's Birthplace, Baltimore City, Md
8. Full Name of Father, John Henry Shockney
9. Father's Occupation, Produce Dealer
10. Father's Birthplace, Baltimore County Md
- Name of Medical Attendant, or other person who makes this Return, Mrs Mary J. Shockney
- Address, 731 Cumberland St
- Remarks, 731 Cumberland St

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58579 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 22

4. Place of Birth, (Street and Number) 318 N. Tipton St

5. Full Name of Mother, Flora Wellington La Mar

6. Mother's Maiden Name, Flora Wellington

7. Mother's Birthplace, Charleston S. C.

8. Full Name of Father, Richard La Mar

9. Father's Occupation, Clerk

10. Father's Birthplace, Frederick Md

Name of Medical Attendant, or other person who makes this Return, Robert H. Kneave

Address, 230 N. Lincoln St

Remarks,

18940004318

RETURN OF A BIRTH.

58530

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. Sex (state whether male or female)

Child

2. Race or Color (if not of the white race)

Female
Colored

3. Date of Birth

Dec. 1st, 1894
322 Baltimore St

4. Place of Birth (Street and Number)

5. Full Name of Mother

Annie Thomas

6. Mother's Maiden Name

Palbert

7. Mother's Birthplace

Kent. Co. Md

8. Full Name of Father

Charles Thomas

9. Father's Occupation

Coal driver

10. Father's Birthplace

Kent Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Mar. S. Jones

Address

1121 Stratford St

Remarks

18940004319

RETURN OF A BIRTH. 58521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 29th 1894

4. Place of Birth, (Street and Number) 1413 Vincent - Street

5. Full Name of Mother, Josephine C. Miller

6. Mother's Maiden Name, Elizabeth C. Miller

7. Mother's Birthplace, Maryland

8. Full Name of Father, Joseph C. Miller

9. Father's Occupation, Laborer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mary Dancy

Address, 1807

Remarks, Healthy

58521 8940001320

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of not less than five dollars nor more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
- Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 22 1894*
4. Place of Birth, (Street and Number) *No 1318 E. Townsend st.*
5. Full Name of Mother, *Ada E. Douglas.*
6. Mother's Maiden Name, *Ada E. Oliver.*
7. Mother's Birthplace, *Maryland.*
8. Full Name of Father, *George W. Douglas.*
9. Father's Occupation *Sewing Machine Agent.*
10. Father's Birthplace, *Maryland.*
- Name of Medical Attendant, or other person who makes this Return, *Aug. A. Bennett M.D.*
- Address, *1241 Harford Ave.*
- Remarks,

18940904321

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 22 Aug.
4. Place of Birth, (Street and Number) 1712 Patterson Park St.
5. Full Name of Mother, Barbara Hecker
6. Mother's Maiden Name, Thomann
7. Mother's Birthplace, Germany
8. Full Name of Father, John Hecker
9. Father's Occupation, Cook
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Anne Walker
Address, 928 N. Cal St.
Remarks, _____

1 8 4 4 0 0 4 3 2 2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *August 22, '94*

4. Place of Birth, (Street and Number) *1610 Milligan St*

5. Full Name of Mother, *Annie Cunningham*

6. Mother's Maiden Name, *Sibels*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, *Jackob Cunningham*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Pennsylvania*

Name of Medical Attendant, or other person who makes this Return, *Caroline Miller*

Address, *1606 Hanover St*

Remarks, _____

1 8 9 4 0 0 0 4 3 2 3

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23d August 1894

4. Place of Birth, (Street and Number) 904 Washington St.

5. Full Name of Mother, Clara Cassidy

6. Mother's Maiden Name, Clara Davis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Cassidy

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. J. A. Hille

Address, 207. N. Castle St.

Remarks, () () () () ()

RETURN OF A BIRTH. 58526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1894

Aug. 23

4. Place of Birth, (Street and Number)

Baltimore, St. 1608

5. Full Name of Mother,

Mary. Mabe

6. Mother's Maiden Name,

Mary. Cooper

7. Mother's Birthplace,

Balti

8. Full Name of Father,

Henry. Harrison. Mabe

9. Father's Occupation

Labor. Mabe

10. Father's Birthplace,

Balti

Name of Medical Attendant, or other person who makes this Return,

Susan. Hunter

Address,

23 W. Lexington St

Remarks,

Any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-14-65

RETURN OF A BIRTH. 58527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Viola Ruth Hodge

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 23, 1894

4. Place of Birth, (Street and Number) 2226 Greenmount Ave.

5. Full Name of Mother, Blanche Hodge

6. Mother's Maiden Name, Blanche Marling

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. H. Hodge

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Theodore Locke

Address, 914 N. Charles St.

Remarks,

18940004326

any such person or persons as may be liable hereunder to be exempted from the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 28 1894

4. Place of Birth, (Street and Number) 1006 E Pratt St.

5. Full Name of Mother, Lizzie Janian

6. Mother's Maiden Name, Ristrick

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Janian

9. Father's Occupation, Hack Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who has attended this birth, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

189406-34327

Child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 August - 1894
4. Place of Birth, (Street and Number) 1037 Summer St
5. Full Name of Mother, Anna Sebald
6. Mother's Maiden Name, Bornborn
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Sebald
9. Father's Occupation, clerk
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Anna Walker
- Address, 928 N. Cal St.
- Remarks,

1 8 9 4 0 0 0 4 3 2 9

RETURN OF A BIRTH. 58531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Male*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23rd August.*

4. Place of Birth, (Street and Number) *Montebello Ave. Waverly*

5. Full Name of Mother, *Mary E. Trainor.*

6. Mother's Maiden Name, *" Maher.*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Edward J. Trainor*

9. Father's Occupation, *Clerk.*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other person who makes this Return, *Wm. Cunningham*

Address, _____

Remarks, _____

1 8 9 4 0 0 0 4 3 3 0

RETURN OF A BIRTH. 58532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 23/94

4. Place of Birth, (Street and Number)

820 Homer st

5. Full Name of Mother,

Rosa V. Granger

6. Mother's Maiden Name,

Rosa V. Mason

7. Mother's Birthplace,

Richmond Virginia

8. Full Name of Father,

Joseph W. Granger

9. Father's Occupation

Ship Broker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

E. W. Michener M.D.

Address,

407 S. Charles St - 2

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Aug 23 - 94

Place of Birth, (Street and Number)

630 N. Washington St

Full Name of Mother,

Emma L Richardson

Mother's Maiden Name,

" " Nuttall

Mother's Birthplace,

Va

Full Name of Father,

George L Richardson

Father's Occupation,

Book Keeper

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary A Allwell

Address,

1438 N Bond

Remarks, -

1 8 9 4 0 0 0 4 3 3 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3rd &c.)
 1. Sex, (state whether ~~male~~ or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth, August 23 1894
 4. Place of Birth, (Street and Number) 912 Ridgely St
 5. Full Name of Mother, Emma Wack
 6. Mother's Maiden Name, Diesterhoff
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Louis Wack
 9. Father's Occupation, Paperhanger
 10. Father's Birthplace, Baltimore Md
 Name of Medical Attendant, or other person who makes this Return, J. M. Wack
 Address,
 Remarks,

18940004333

RETURN OF A BIRTH. 58535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 23, 1894

4. Place of Birth, (Street and Number) 1817 N. Charles St.

5. Full Name of Mother, Amanda Scott Calwell

6. Mother's Maiden Name, Amanda N. Scott

7. Mother's Birthplace, Bel Air, Md

8. Full Name of Father, Jas. S. Calwell

9. Father's Occupation, Lawyer

Father's Birthplace, Balt., Md.

Name of Medical Attendant, or other person who makes this Return, Jas. M. Craighill

Address, 1730 N. Charles.

Remarks,

1 8 9 4 0 0 0 4 3 3 4

any and all fines (10 dollars for each offence, to be recovered as other fines and forfeitures are recoverable, jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable,

RETURN OF A BIRTH. 58536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother. (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (~~state whether male or female~~) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 23rd 1894*

4. Place of Birth, (Street and Number) *2732 Penna Ave*

5. Full Name of Mother, *Bertha May Sutton*

6. Mother's Maiden Name, *Bertha May Poole*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jesse S. Sutton*

9. Father's Occupation, *Conductor*

10. ☒ Other's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this return, *Dr. J. C. Davis*

Address, *1325 S. Charles St*

Remarks, _____

1 8 9 4 0 0 0 4 3 3 5

RETURN OF A BIRTH. 68537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, August 23
 4. Place of Birth, (Street and Number) West St 87
 5. Full Name of Mother, George Annus Burkrod
 6. Mother's Maiden Name, George Annus Pullet
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Henry Burkrod
 9. Father's Occupation, labour
 10. Father's Birthplace, West Virginia
 Name of Medical Attendant, or other person who takes this Return, Dr. J. M. Wilson
 Address, West Thury St 124
 Remarks, full 9 months

1 8 9 4 0 0 0 4 3 3 6

RETURN OF A BIRTH.

58537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and form provided for this purpose, and to file a copy of this report with the Registrar of Vital Statistics, within the time specified in the regulations, and to pay the fee thereon, shall be subject to a fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *23 Aug.*
4. Place of Birth, (Street and Number) *1332 East Ave.*
5. Full Name of Mother, *Magie Ulrich*
6. Mother's Maiden Name, *Schiffauer*
7. Mother's Birthplace, *Ball.*
8. Full Name of Father, *Charles Ulrich*
9. Father's Occupation, _____
10. Father's Birthplace, *Pruss.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Walter*
- Address, *918 N. Cal. St.*
- Remarks, _____

1 8 9 4 0 0 0 4 3 3 7

RETURN OF A BIRTH. 58539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Race White*, Color *Dark*

3. Date of Birth, *Aug 23 - 1894*

4. Place of Birth, (Street and Number) *206 Pearl St*

5. Full Name of Mother, *Anna Dabel Brizzi*

6. Mother's Maiden Name, *Anna Dabel McLean*

7. Mother's Birthplace, *Puerto Rico*

8. Full Name of Father, *Frank Brizzio*

9. Father's Occupation, *Retailer of Footwear*

10. Father's Birthplace, *Cornwall*

Name of Medical Attendant, or other person who makes this Return, *Henry Lee Smith M.D.*

Address, *121. W. L. Avenue St*

Remarks, *Case was normal.*

1 8 9 4 0 0 0 4 3 3 8

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 to
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 23 August 1894
 4. Place of Birth, (Street and Number) 112 Monfort. av
 5. Full Name of Mother, Mary Jansen
 6. Mother's Maiden Name, Mary Pederson
 7. Mother's Birthplace, Norwegen Europ
 8. Full Name of Father, Johan Jansen
 9. Father's Occupation, Mariner
 10. Father's Birthplace, Danmark
 Name of Medical Attendant, or other person who makes this Return, Ellen Smith
 Address, 504 1st Washington St
 Remarks, _____

18940004339

RETURN OF A BIRTH. 58541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *23rd August*
4. Place of Birth, (Street and Number) *No. 1004 Scott St*
5. Full Name of Mother, *Rosa Wich*
6. Mother's Maiden Name, *Riegen*
7. Mother's Birthplace, *Stenhausen Württemberg Gr*
8. Full Name of Father, *Konrad Wich*
9. Father's Occupation, *Saddler*
10. Father's Birthplace, *Höfles & Kronach Baiern Gr*
- Name of Medical Attendant, (if other person who makes this Return, *Mrs. A. M. Bischoff*)
- Address, *No. 1136 Cleveland St*
- Remarks,

1 8 9 4 0 0 0 4 3 4 0

RETURN OF A BIRTH. 58542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth. 23 August

4. Place of Birth, (Street and Number) 1809 E. Monument St

5. Full Name of Mother, Mary Schomagle

6. Mother's Maiden Name, Mary O'Leary

7. Mother's Birthplace, Germany

8. Full Name of Father, Albert Schomagle

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross

Address, 1907 E. Monument

Remarks.

18940004341

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) ✓
4. Date of Birth, 29 August 8/94.
5. Place of Birth, (Street and Number) 1221 Hare street.
6. Full Name of Mother, Mari Kanwatska
7. Mother's Maiden Name, Wikarska
8. Mother's Birthplace, Germany
9. Full Name of Father, Wihl Kanwatski
10. Father's Occupation, Labrer
11. Father's Birthplace, Germany
12. Name of Medical Attendant, or other person who makes this Return, Miss J. P. Liersemann
13. Address, 1225 Hare street.
14. Remarks, S

1 8 9 4 0 0 4 3 4 2

RETURN OF A BIRTH. 58544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.
 Sex, (state whether male or female) Girl.
 Race or Color, (if not of the white race) White.
 Date of Birth, 23. August.
 Place of Birth, (Street and Number) 13. Chapel street.
 Full Name of Mother, Rosa Heil.
 Mother's Maiden Name, Rosa Kuchner.
 Mother's Birthplace, Germany.
 Full Name of Father, Adam Heil.
 Father's Occupation, Bricklayer.
 Father's Birthplace, Germany.
 Name of Medical Attendant, or other person who makes this Return, Mary Kloss.
 Address, 1933. Fairmount. d.c.
 Remarks,

18940004343

any such person or persons who shall hereafter be so coming, with the intent to defraud, or to be recovered as other fines and forfeitures are recoverable, shall be liable to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH. 58545-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
 Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *August 23rd 1894*
 4. Place of Birth, (Street and Number) *1113 W. Hamburg St.*
 5. Full Name of Mother, *Mary Oettinger*
 6. Mother's Maiden Name, *Mary Betz*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Chas. Oettinger*
 9. Father's Occupation, *Machinist & Steam Fitter*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Barzge*
 Address, *711 Carr St.*
 Remarks, ...

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME AS BORN. 6-11-64

RETURN OF A BIRTH. 5F546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: STEWART LUX WIRGMAN

of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 23 1894
4. Place of Birth, (Street and Number) No. 125 Wellington Ave
5. Full Name of Mother, Lora M. Wirgman
6. Mother's Maiden Name, Lora M. Borth
7. Mother's Birthplace, Canada
8. Full Name of Father, Henry J. Wirgman
9. Father's Occupation, Teacher
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940004345

RETURN OF A BIRTH. 58547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23 August 1894

4. Place of Birth, (Street and Number)

916 N Bond St

5. Full Name of Mother,

Ida M Doyle

6. Mother's Maiden Name,

Ida M. Loapman

7. Mother's Birthplace,

Fredrick City

8. Full Name of Father,

William J Doyle

9. Father's Occupation,

Horse Shoer

10. Father's Birthplace,

Balti County

Name of Medical Attendant, or other person who makes this Return.

Mrs Hunter

Address,

231 N Poppleton St

Remarks.

18940004346

RETURN OF A BIRTH. 58648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Print
Male
Colored
Aug 23rd 1894
647 2nd St
Henrietta Booth
Henrietta Gaines
Washington D.C.
Theodore Booth
Laborer
Maryland
D. H. Fowler
#712 S. Sharp St.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 4 3 4 7

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 23 1894
4. Place of Birth, (Street and Number) 288 Carroll Alley
5. Full Name of Mother, Mary J. Jefferson
6. Mother's Maiden Name, Mary J. Crose
7. Mother's Birthplace, Richmond Virginia
8. Full Name of Father, John Jefferson
9. Father's Occupation, Farmer
10. Father's Birthplace, Richmond Virginia
- Name of Medical Attendant, or other person who makes this Return, Hester Gotance
- Address, 309 Preston Street
- Remarks, _____

18940004348

RETURN OF A BIRTH. 58550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 23 1894

4. Place of Birth, (Street and Number) 411 Hamburg St

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry S. Lister M.D.

Address, 622 W. Lombard St

Remarks,

1894-0004349

RETURN OF A BIRTH. 58357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health in the manner and within the time specified in this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1st
1. Sex, (state whether male or female)... Female
2. Race or Color, (if not of the white race)... White
3. Date of Birth... Aug 23/94
4. Place of Birth, (Street and Number)... Maternity Hospital, 115 W Lombard St
5. Full Name of Mother... Carrie Morland
6. Mother's Maiden Name... ..
7. Mother's Birthplace... Md
8. Full Name of Father... Unknown
9. Father's Occupation... ..
10. Father's Birthplace... ..
- Name of Medical Attendant, or other person who makes this Return... Alfred H. Dry, M.D.
- Address... 115 W Lombard St.
- Remarks,

1 8 9 4 0 0 0 4 3 5 0

RETURN OF A BIRTH. 38332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Registrar of Vital Statistics, Baltimore City, shall be subject to the provisions of this act, and any such person or persons who shall neglect to do so, or who shall neglect to pay the fee herein provided for, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, Aug 23/94
5. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Lombard St.
6. Full Name of Mother, Freda Berry
7. Mother's Maiden Name, "
8. Mother's Birthplace, D.C.
9. Full Name of Father, Chas. K. Berry
10. Father's Occupation, "
11. Father's Birthplace, "
12. Name of Medical Attendant, or other person who makes this Return, Signed J. G. Berry M.D.
13. Address, 115 W. Lombard St.
14. Remarks, "

8940004351

RETURN OF A BIRTH. 58553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

any one person or persons who shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-29-53

RETURN OF A BIRTH. 5855.4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *G. Fred Obrecht*

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 24-

4. Place of Birth, (Street and Number)

1125 Light St

5. Full Name of Mother,

Elizabeth Obrecht

6. Mother's Maiden Name,

Steenmiller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

D. F. Obrecht

9. Father's Occupation,

Wreath Dealer

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return,

L. Obrecht M.D.

Address,

571 S. Howard

Remarks,

1 8 9 4 0 0 0 4 3 5 3

any such person as is herein provided for, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58533-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940304354

any such person or persons who shall knowingly or negligently fail to file this return, or who shall file a false return, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Registrar of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940104355

RETURN OF A BIRTH. 38557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 24 1894.

4. Place of Birth, (Street and Number) 1535 Mautrose St.

5. Full Name of Mother, A. Elizabeth C. Hooper

6. Mother's Maiden Name, A. Elizabeth C. Smith

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Charles Hooper

9. Father's Occupation, Gardener

10. Father's Birthplace, Baltimore, Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mary C. O'Leary, M.D.

Address, 1703 West Fayette St.

Remarks, —

18940004356

RETURN OF A BIRTH. 58558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 24th 1894*

4. Place of Birth, (Street and Number) *Baltimore, Md 26421000 St*

5. Full Name of Mother, *Martha Wirth*

6. Mother's Maiden Name, *Martha Williams*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *William Wirth*

9. Father's Occupation, *Street Paver*

10. Father's Birthplace, *Baltimore, Md*

Name of Medical Attendant, or other person who makes this Return, *Mrs Mary J Shockney*

Address, *731 Cumberland St*

Remarks, *731 Cumberland St*

58558

RETURN OF A BIRTH. 328539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 24 August 1894

4. Place of Birth, (Street and Number) 1019 Race St

5. Full Name of Mother, Elizabeth Bremiller

6. Mother's Maiden Name, Jordan

7. Mother's Birthplace, Race St

8. Full Name of Father, Edward Bremiller Jr

9. Father's Occupation, Milk Business

Father's Birthplace, York Road

Name of Medical Attendant, or other person who makes this Return, Katie Wiseman

Address, 202 Leadenhall Street

Remarks,

1 8 9 4 0 0 0 4 3 5 8

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not more than \$100, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caution to report: In case of any person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 24 Aug.
4. Place of Birth, (Street and Number) 1021 West St.
5. Full Name of Mother, Helenigunde Holman
6. Mother's Maiden Name, Therze
7. Mother's Birthplace, Balt.
8. Full Name of Father, George Holman
9. Father's Occupation _____
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Anna Walker
- Address, 928 N. Cal St.
- Remarks, _____

18940004359

RETURN OF A BIRTH. 58561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(5th)* *5th*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 24th 1894*
4. Place of Birth, (Street and Number) ** 1148 Cocke's St Locust Point Md*
5. Full Name of Mother, *Mary Ellen Cloonan*
6. Mother's Maiden Name, *Mary E. Noon*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Patrick James Cloonan*
9. Father's Occupation, *Br. O. R. R. Policeman*
10. Father's Birthplace, *Locust Point, Baltimore Md.*
- Name of Medical Attendant, *(Varganov) Ethel. Midwife*
or other person who makes this Return.
- Address, *1619 Cuba St. Locust Point. Balto. Md.*
- Remarks,

1 8 9 4 0 0 0 4 3 6 0

RETURN OF A BIRTH. 58562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 24th

4. Place of Birth, (Street and Number) #1213 Mosher St

5. Full Name of Mother, Jessie H. Thomas

6. Mother's Maiden Name, Clark

7. Mother's Birthplace, Balt. City

8. Full Name of Father, James F. Thomas

9. Father's Occupation, Expressman

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other person who makes this Return, John H. Huck

Address, 647 W. Lafayette St. W.D.

Remarks,

18940024361

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-26-60

RETURN OF A BIRTH.

38563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carlotta Belle Gove

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 24 1894

4. Place of Birth, (Street and Number)

449 W. 24th St

5. Full Name of Mother,

Maggie Gove

6. Mother's Maiden Name,

Maggie Bien

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jared Gove

9. Father's Occupation

Driver

10. Father's Birthplace,

Lynn Mass

Name of Medical Attendant, or other person who makes this Return

Susan Hunter

Address,

23 1/2 Poppleton St

Remarks.

8940004362

RETURN OF A BIRTH.

58564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Aug 24 - 94

Place of Birth, (Street and Number) 1033 Malden St.

Full Name of Mother, Minnie Bauer,

Mother's Maiden Name, Downs.

Mother's Birthplace, Baltimore

Full Name of Father, George Bauer,

Father's Occupation, Bookbinder.

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Thos. M. Lumsden, M.D.

Address, 414 1/2 St. Paca, Md.

Remarks, _____

18940664363

RETURN OF A BIRTH. 58565-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

August 24 1884

Place of Birth, (Street and Number)

Jackson St Homestead

Full Name of Mother,

Lizzie Wiffield

Mother's Maiden Name,

Brooker

Mother's Birthplace,

Baltimore

Full Name of Father,

John W Wiffield

Father's Occupation

Labr

Father's Birthplace,

Pa

Name of Medical Attendant, or other person who makes this Return

Young M. M. M. M.

Address,

227 Borsuch St

Remarks,

18940004364

RETURN OF A BIRTH. 58566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth - 10th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August. Twenty-fourth. (24)

4. Place of Birth, (Street and Number) 824 W. Pratt-st.

5. Full Name of Mother, Lizzie Strasser

6. Mother's Maiden Name, Lizzie Schmidt.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles, Alexander, Edmund, Oscar, Shasson

9. Father's Occupation, Constable

10. Father's Birthplace, Ulm, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Christina Seela

Address, 735 W. Pratt-st.

Remarks,

18940004365

RETURN OF A BIRTH. 58567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 24 August
 4. Place of Birth, (Street and Number) 2611 Baring St
 5. Full Name of Mother, Margret E. Kiefe
 6. Mother's Maiden Name, Hull
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John H. Kiefe
 9. Father's Occupation, Color
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs E M Brandy
 Address, 1525 2nd St
 Remarks, Henry M. Hall

1 8 9 4 0 0 0 4 3 6 6

RETURN OF A BIRTH. 585-68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Gabriel
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth 24 August
 4. Place of Birth, (Street and Number) 174 E. Park St
 5. Full Name of Mother, Eva Joeller
 6. Mother's Maiden Name, Schneider
 7. Mother's Birthplace, Germany
 8. Full Name of Father, George Joeller
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. E. R. Brooks
 Address, 1528 Light St
 Remarks, Living Well

1 8 9 4 0 0 0 4 3 6 7

RETURN OF A BIRTH.

58569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth August 24, 1894

4. Place of Birth, (Street and Number) Stuffed Street

5. Full Name of Mother, Mary Elizabeth Blaine

6. Mother's Maiden Name, Mary Elizabeth Hicks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James H. Blaine

9. Father's Occupation, Sailor

10. Father's Birthplace, Washington Dc

Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Hicks

Address, Baltimore City

Remarks, 1st Child

18940504368

of persons who shall hereafter fail to comply with the provisions of this act, and who shall be liable to the same as in the case of any other person who shall fail to comply with the provisions of this act, and who shall be liable to the same as in the case of any other person who shall fail to comply with the provisions of this act.

RETURN OF A BIRTH. 58570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race)
 Date of Birth, August 24th 1894
 Place of Birth, (Street and Number) 237 N. Calhoun St
 Full Name of Mother, Jane Smith
 Mother's Maiden Name, Jane Smith
 Mother's Birthplace, Baltimore
 Full Name of Father, Michael J. Smith
 Father's Occupation, Tailor
 Father's Birthplace, Maryland
 Name of Medical Attendant, or other person who makes this Return, M. H. Leddy
 Address, 1004 N. Lexington St
 Remarks,

1 8 9 4 0 0 0 4 3 6 9

RETURN OF A BIRTH. 58571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

August 24 1894

4. Place of Birth, (Street and Number)

724 Colvin Place Balto

5. Full Name of Mother,

Eva Teresa Reese

6. Mother's Maiden Name,

Eva Teresa Turner

7. Mother's Birthplace,

Anne Arundel Co

8. Full Name of Father,

John A. Reese

9. Father's Occupation,

Harness Maker

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other person who makes this Return.

J. C. Gilchrist Surgeon & Physician

Address,

820 E. Preston Street

Remarks,

Normal.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable,

18940004370

RETURN OF A BIRTH. 58572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 27th 94
4. Place of Birth, (Street and Number) 1138 N. Guilman St
5. Full Name of Mother, Ida E. Buck
6. Mother's Maiden Name, Ida E. Kaudler
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred R. Buck
9. Father's Occupation, Drain
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Henry C. Oller, M.D.
- Address, 1203 West Fayette St
- Remarks, _____

1 6 9 4 0 0 0 4 3 7 1

RETURN OF A BIRTH. 58573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 24, 1894.

4. Place of Birth, (Street and Number)

800 First ave.

5. Full Name of Mother,

Laura Pyle.

6. Mother's Maiden Name,

Wilder.

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

Benjamin Franklin Pyle.

9. Father's Occupation

Salesman.

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other person who makes this Return,

Chas. H. Mitchell M.D.

Address,

391 Chestnut ave.

Remarks.

18940004372

any person who neglects to register a birth within the time prescribed by law, or who registers a birth with false information, shall be fined not more than \$100, or imprisoned not more than 30 days, or both, at the discretion of the court.

RETURN OF A BIRTH.

58574

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 24 August
4. Place of Birth (Street and Number) 1215 Robt St
5. Full Name of Mother Carrie Scott
6. Mother's Maiden Name Carrie Simons
7. Mother's Birthplace A A County Md
8. Full Name of Father James H Scott
9. Father's Occupation Cook
10. Father's Birthplace A A County Md
- Name of Medical Attendant, or other Person who makes this Return. Mary G Jones
- Address 1121 N. Darphlog St
- Remarks

18940504373

RETURN OF A BIRTH. 585-75-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Linie L. Fels.*
 Sex, (state whether male or female) *Female.*
 2. Race or Color, (if not of the white race) *Colored.*
 3. Date of Birth, *24.*
 4. Place of Birth, (Street and Number) *21 E. Lee St.*
 5. Full Name of Mother, *Linie Eugenia Jackson.*
 6. Mother's Maiden Name, *Linie Eugenia Jackson.*
 7. Mother's Birthplace, *Trappe, Wisconsin Co. Md.*
 8. Full Name of Father, *William Howard Fels.*
 9. Father's Occupation, *Sailor.*
 10. Father's Birthplace, *Trappe, Talbert Co. Md.*
 Name of Medical Attendant, or other person who makes this Return, *Mary Macon.*
 Address, *H. E. York St.*
 Remarks, *Linie Eugenia Fels.*

8940004374

RETURN OF A BIRTH. 58576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th August 1894
4. Place of Birth, (Street and Number) East E. G. St. 46
5. Full Name of Mother, F. Maria Brooks
6. Mother's Maiden Name, Wiedemann
7. Mother's Birthplace, Germania
8. Full Name of Father, Arthur Brooks
9. Father's Occupation, Black Man
10. Father's Birthplace, Germania
- Name of Medical Attendant, or other person who makes this Return, Harold Schweg
- Address, East E. G. St. 434
- Remarks, _____

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 24 - 1894

4. Place of Birth, (Street and Number) 17 N. Bedford St.

5. Full Name of Mother, Anna Trick

6. Mother's Maiden Name, Gussner

7. Mother's Birthplace, Germany

8. Full Name of Father, Adolph Trick

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who made this Report Mary Stein

Address, 1427 E. Pratt St.

Remarks,

RETURN OF A BIRTH. 58578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 24th 94.

4. Place of Birth, (Street and Number) 1161 Lee Street.

5. Full Name of Mother, Bertha Laddan

6. Mother's Maiden Name, Annanasy Bertha

7. Mother's Birthplace, E. Austria

8. Full Name of Father, George A. Laddan

9. Father's Occupation, Business

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mary Elias

Address, 1222. Ma. E. Elderly St.

Remarks, 1521.

RETURN OF A BIRTH. 58579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

24 August

4. Place of Birth, (Street and Number)

No 832, Cotton Ave

5. Full Name of Mother,

George Smith

6. Mother's Maiden Name.

Lizzie Whitman

7. Mother's Birthplace.

New York

8. Full Name of Father,

James Smith

9. Father's Occupation.

laborer

10. Father's Birthplace,

New York

Name of Medical Attendant, or other person who makes this Return.

Mrs S. Gross

Address,

1909

6

Manumet St

Remarks,

RETURN OF A BIRTH. 58580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex. (state whether male or female)

Male

2. Race or Color. (if not of the white race)

Colored

3. Date of Birth.

Aug 24th 1894.

4. Place of Birth. (Street and Number)

now at 519 Cross al -

5. Full Name of Mother,

Nora Williams

6. Mother's Maiden Name,

Nora Williams

7. Mother's Birthplace,

Mathews Va.

8. Full Name of Father,

Salomon Johnson.

9. Father's Occupation

Coachman

10. Father's Birthplace,

New York.

Name of Medical Attendant, or other person who makes this Return.

W. H. Hawkins

Address,

109 N. Green St

Remarks,

This child was born on public street.

at 2 - pm - 8940004379

Penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58581

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 24th 11:5 P.M. 1894*

4. Place of Birth (Street and Number) *41 of Eden St*

5. Full Name of Mother *Mamie Isabel Edwards*

6. Mother's Maiden Name *M. J. Kemp*

7. Mother's Birthplace *Philadelphia*

8. Full Name of Father *Walter Edwards*

9. Father's Occupation *Trimmer*

10. Father's Birthplace *New York*

Name of Medical Attendant, or other Person who makes this Return *James E. Snodgrass M.D.*

Address *1401 Baltimore St East*

Remarks

18940004380

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother.

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father.

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

female

Aug. 24 th

1221 Madison Ave

Illegitimate
Sent to Nursery
and Child's Hos-
pital

Flora A. Brewster, M.D.

1221 Madison Ave.

Donna A. Waldron M.D.

1221 Mad. Ave

18940004381

RETURN OF A BIRTH. 58523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 25 1894

4. Place of Birth, (Street and Number)

Baltimore Ind 322 Delaware St

5. Full Name of Mother,

Rose F. [unclear]

6. Mother's Maiden Name,

Rose F. [unclear]

7. Mother's Birthplace,

Baltimore Ind

8. Full Name of Father,

Phillip S. Offelman

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore Ind

Name of Medical Attendant, or other person who makes this Return.

Mr. Harry Kramling

Address,

414 S. Stricker St Baltimore Ind

Remarks,

Mother and Child are doing well

18940004382

RETURN OF A BIRTH. 58584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25, 1894
4. Place of Birth, (Street and Number) 1826 Division St.
5. Full Name of Mother, Barbara Doyle
6. Mother's Maiden Name, Barbara Siefert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William G. Doyle
9. Father's Occupation, Electrician
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Theodore Cooke, M.D.
914 St. Charles St.
- Address, _____
- Remarks, _____

18940004383

ected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38585~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) White

4. Date of Birth, August 25 1894

5. Place of Birth, (Street and Number) 314 Bayard St.

6. Full Name of Mother, Maggie Morris

7. Mother's Maiden Name, Maggie Storchfus

8. Mother's Birthplace, Balt

9. Full Name of Father, George Meyer

10. Father's Occupation, Stone Cutter

11. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, M. R. Gaskey

Address, 213 E. North St

Remarks, Spring Well

1 8 9 4 0 0 0 4 3 8 4

any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 58586

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 23rd Aug.
4. Place of Birth, (Street and Number) 1323 N. Broadway
5. Full Name of Mother Mary M. Bird
6. Mother's Maiden Name Mary M. Streb
7. Mother's Birthplace Baltimore
8. Full Name of Father Mrs. C. Bird
9. Father's Occupation Carpenter
10. Father's Birthplace Somerset, Prince George's Co. Md
Name of Medical Attendant, or other Person who makes this Return. Mrs. Kate Laughlan
Address 1049 N. Gay St.
Remarks Dying well

18940004385

RETURN OF A BIRTH. 58587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Color'd
 3. Date of Birth, Aug 25/94
 4. Place of Birth, (Street and Number) 323 Rose St.
 5. Full Name of Mother, Florence Walker
 6. Mother's Maiden Name, Walker
 7. Mother's Birthplace, Leggett Co. Ind.
 8. Full Name of Father, Charles Walker
 9. Father's Occupation, Doctor
 10. Father's Birthplace, Washington D.C.
 Name of Medical Attendant, or other person who makes this Return, Ida Pollack M.D.
 Address, Hospital of the Good Samaritan, 1030 McCulloh St.
 Remarks,

8940004386

RETURN OF A BIRTH. 58588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940004387

jected to the fine of ten (\$10) dollars for each offence, to be recovered as out of fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 25th 1894

4. Place of Birth, (Street and Number)

1535 Cole St.

5. Full Name of Mother,

Lizzie Miller.

6. Mother's Maiden Name,

"H." Grams.

7. Mother's Birthplace,

Hasselbach, Saxony.

8. Full Name of Father,

August Miller

9. Father's Occupation,

Stone Cutter.

10. Father's Birthplace,

Hanover.

Name of Medical Attendant, or other person who makes this Return,

Annie Liedner

Address,

1116 S. Howard St.

Remarks,

18940004388

RETURN OF A BIRTH. 58390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- 2nd
- of Child of Mother, (state whether 1st, 2d, 3d, &c)
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 25/94
4. Place of Birth, (Street and Number) 29 N. Bond St (Baltimore Maternity)
5. Full Name of Mother, Aida Carter
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Luzerne Co. Pa.
8. Full Name of Father, James Pleasant
9. Father's Occupation, Unknown
10. Father's Birthplace, " "
- Name of Medical Attendant, or other person who makes this Return. J. C. Ohlen 1027 J. M. H.
- Address, 518 N. Bond St
- Remarks,

8940004389

RETURN OF A BIRTH, 58591

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 26th August

4. Place of Birth, (Street and Number) 1047 N. Bay Street.

5. Full Name of Mother Helena Estelle Baker

6. Mother's Maiden Name Helena Estelle Kerner

7. Mother's Birthplace Baltimore

8. Full Name of Father Baltimore, Robert Baker

9. Father's Occupation Sag. Officer

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kate Samarian

Address 1047 N. Bay St.

Remarks Doing well

18940004390

RETURN OF A BIRTH.

58592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th August 1874

4. Place of Birth, (Street and Number) Bond St 124

5. Full Name of Mother, Rose Rogen

6. Mother's Maiden Name, Wentzel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Rogen

9. Father's Occupation, Wagon Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Haroline Schroyer

Address, Fort E. D. 434

Remarks, _____

18940004391

ected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th August 1894

4. Place of Birth, (Street and Number) Hamlet Sta 306

5. Full Name of Mother, Lacie Riehl

6. Mother's Maiden Name, Maude

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Riehl

9. Father's Occupation, Work Mine

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Thelma Line Shroy Fort E by N. 434

Remarks,

8940004392

RETURN OF A BIRTH. 38594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race). White
3. Date of Birth. Born August 26 1874
4. Place of Birth, (Street and Number). 834 West Pratt St
5. Full Name of Mother. Mrs Sarah J. Howard
6. Mother's Maiden Name. Sarah J. Brown
7. Mother's Birthplace. Baltimore
8. Full Name of Father. John J. Howard
9. Father's Occupation. Clerk Cutler
10. Father's Birthplace. Baltimore
- Name of Medical Attendant, or other person who makes this Return. Susan M. Howard
- Address. 23rd Poppleton St
- Remarks.

1 8 9 4 0 0 0 4 3 9 3

RETURN OF A BIRTH. 58595- To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 26th 1894

4. Place of Birth, (Street and Number) 716 N. Central Ave

5. Full Name of Mother, Mary Cavellian Berger

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Francis W. Berger

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Zaunhardt

Address, 439 N. Central Ave.

Remarks,

8 9 4 0 0 0 4 3 9 4

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

— RETURN OF A BIRTH. 58597

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female. - Minnie Dutton Uhler

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 26th 1894

4. Place of Birth (Street and Number)

254 Hoffman St.

5. Full Name of Mother

Pearl D. Uhler

6. Mother's Maiden Name

Pearl Daniel

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Philip R. Uhler

9. Father's Occupation

Provost - Peabody Institute

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. R. Uhler M.D.

Address

661 W. Fayette St.

Remarks

Given name added from application blank from mother.

J. E. Wehn Reg Aug. 11-1938

1 8 9 4 0 0 0 4 3 9 5

RETURN OF A BIRTH.

585 98

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 26/94

4. Place of Birth, (Street and Number) 2603 Lancaster Str.

5. Full Name of Mother, Mina Battie

6. Mother's Maiden Name, " Kohlbrauer

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Battie

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Gough Str.

Remarks, _____

8940004397

RETURN OF A BIRTH. 58599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 26, 1894
4. Place of Birth, (Street and Number) 538 Appled St
5. Full Name of Mother, Jennie Hammond
6. Mother's Maiden Name, Jennie Talbot
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hammond
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Heater C. Vance
- Address, 509 Preston St
- Remarks, _____

1 8 9 4 0 0 0 4 3 9 8

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4th Child.
 1. Sex, (state whether male or female)... Female.
 2. Race or Color, (if not of the white race)... White.
 3. Date of Birth, ... 16th August 1894.
 4. Place of Birth, (Street and Number)... Richardt St. No 1440.
 5. Full Name of Mother, ... Clara Keil.
 6. Mother's Maiden Name, ... Gene Haas.
 7. Mother's Birthplace, ... Baltimore Md.
 8. Full Name of Father, ... Georg Herrickel.
 9. Father's Occupation, ... Leber.
 10. Father's Birthplace, ... Baltimore Md.
 Name of Medical Attendant, or other person who makes this Return, ... Lizzie Schaeffler.
 Address, ... Fort Ave. No 1705.
 Remarks,

18940004399

RETURN OF A BIRTH. 58601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *1301 Eager St 26 August*

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, *Susana Peters*

6. Mother's Maiden Name, *Lehnert*

7. Mother's Birthplace, *Ball.*

8. Full Name of Father, *Joseph Peters*

9. Father's Occupation _____

10. Father's Birthplace, *Ball.*

Name of Medical Attendant, or other person who makes this Return, *Anna Walker*

Address, *928 N. Cal. Av.*

Remarks, _____

1 8 9 4 0 0 0 4 4 0 0

RETURN OF A BIRTH.

58612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 26

4. Place of Birth, (Street and Number) 604 N. Lafayette Ave

5. Full Name of Mother, Georgie Albond

6. Mother's Maiden Name, Shipley

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Geo. H. Albond

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, John S. Huck

Address, 647 N. Lafayette Ave

Remarks,

18940004401

RETURN OF A BIRTH. 58603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

18940004402

RETURN OF A BIRTH 58604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *August 26 1894*
4. Place of Birth, (Street and Number) *1124 E. thing St.*
5. Full Name of Mother, *Emma Green*
6. Mother's Maiden Name, *Emma Camford*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Richard Green*
9. Father's Occupation, *Drives a lumber wagon*
10. Father's Birthplace, *Charles county*
- Name of Medical Attendant, or other Person who makes this Return, *Charlotte Goldsborough*
- Address, *1115 Division St - Baltimore*
- Remarks,

18940304403

RETURN OF A BIRTH. 58603 -

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☐ Child of Mother, (state whether 1st, 2d, 3d, &c.) unknown

1. Sex, (state whether male ~~or female~~) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 26th 94

4. Place of Birth, (Street and Number) 709 Gold St.

5. Full Name of Mother, Nora L. Shipley

6. Mother's Maiden Name, don't know

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, W. H. Shipley

9. Father's Occupation, Carpenter

10. ☐ Father's Birthplace, md.

Name of Medical Attendant, or other person who makes this Return, Edw. C. Buxert Md.

Address, 1608 N. Gilman St.

Remarks, _____

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RETURN OF A BIRTH. 58606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *16 August 1914*
- Place of Birth, (Street and Number) *1434 Peculiar St Baltimore*
- Full Name of Mother, *Anna E Jayson*
- Mother's Maiden Name, *Anna E Wood*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Thomas Jayson*
- Father's Occupation, *Boiler Maker*
- Father's Birthplace, *England*
- Name of Medical Attendant, or other person who makes this Return, *Margaret E. Thel*
- Address, *1619 Cuba St Baltimore*
- Remarks,

ected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 26, 1894

4. Place of Birth, (Street and Number) 1817 S. Charles St

5. Full Name of Mother, Rose Yrabley

6. Mother's Maiden Name, Rose Anderson

7. Mother's Birthplace, Balto

8. Full Name of Father, W. H. Yrabley

9. Father's Occupation, Railroader

10. Father's Birthplace, Harpers Ferry

Name of Medical Attendant, or other person who makes this Return, M. R. Gaskin

Address, 213 E. Heath St

Remarks, Young Well

8940004406

GIVEN NAME ADDED 10-10-56
 RETURN OF A BIRTH. 58608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara Mary Johns

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

26 August 1894

4. Place of Birth, (Street and Number)

1307 Andree St.

5. Full Name of Mother,

Mary Johns

6. Mother's Maiden Name,

" Sihnelle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Johns

9. Father's Occupation

Laboar

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Dr. J. W. Johnson

Address, 1331 Hare St.

Remarks,

1 5 9 4 0 0 0 4 4 0 7

RETURN OF A BIRTH. 58609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 72
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) Colored
- Date of Birth, Nov 26 1894
- Place of Birth, (Street and Number) 418 Pearl Street
- Full Name of Mother, Ann Oetardel
- Mother's Maiden Name Ann Hesson
- Mother's Birthplace, Maryland Virginia
- Full Name of Father, Samuel Oetardel
- Father's Occupation Driver
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Hester Colman
- Address, 209 Preston Street
- Remarks,

18940004408

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, 10.30 P.M., Aug 26/94
- Place of Birth, (Street and Number) 29 Pulaski St.
- Full Name of Mother, Annie Goldberg
- Mother's Maiden Name, Annie Sam
- Mother's Birthplace, Russia
- Full Name of Father, Isaac Goldberg
- Father's Occupation, Tailor
- Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E.C. Afflegarth, M.D.,
- Address, 1511 W. Fayette St.
- Remarks, Labor normal. No puerperal trouble.

8940004409

RETURN OF A BIRTH. 58611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 26, 1914

4. Place of Birth, (Street and Number) 902 Pratt St

5. Full Name of Mother, Ada Schapuro

6. Mother's Maiden Name, Ada Myrow

7. Mother's Birthplace, Tver, Russia

8. Full Name of Father, Schapuro

9. Father's Occupation, Locket

10. Father's Birthplace, Resanov

Name of Medical Attendant, or other person who makes this return, Jettie Klavansky

Address, 1220 Lombard St

Remarks,

18940004410

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *Aug. 26, 1894*
 4. Place of Birth, (Street and Number) *116 Hamburg St.*
 5. Full Name of Mother, *Mary Booth*
 6. Mother's Maiden Name, *Mary Comradine*
 7. Mother's Birthplace, *Calvert Co. Md.*
 8. Full Name of Father, *Samuel R. Booth*
 9. Father's Occupation, *Worker*
 10. Father's Birthplace, *Calvert Co. Md.*
 Name of Medical Attendant, or other person who makes this Return, *Abella Brooks*
 Address, *1132 Warner St.*
 Remarks, *Dying well*

1 8 9 4 0 0 0 4 4 1 1

RETURN OF A BIRTH. 58613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

may sue a person or persons who shall neglect to file a full return for each offence, to be recovered as other fines and forfeitures are recoverable, excepted to the fine of ten dollars for each offence.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 26/94*
4. Place of Birth, (Street and Number) *Western Cemetery*
5. Full Name of Mother, *Kellie Rodgers*
6. Mother's Maiden Name, *Hoffman*
7. Mother's Birthplace, *Ind.*
8. Full Name of Father, *Albert L. Rodgers*
9. Father's Occupation, *Super of Cemetery*
10. Father's Birthplace, *Ind.*
- Name of Medical Attendant, or other person who makes this Return, *M. H. Carter M.D.*
- Address, *1800 W. Balt. St.*
- Remarks, _____

1 8 9 4 0 0 0 4 4 1 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 26 1894
4. Place of Birth, (Street and Number) Calhoun St 1362
5. Full Name of Mother, Mary L Jones
6. Mother's Maiden Name, Mary L Bolds
7. Mother's Birthplace, Prince Georges Co Va
8. Full Name of Father, Cornelius A Jones
9. Father's Occupation, Laboring
10. Father's Birthplace, Prince Georges Co Va
Name of Medical Attendant, or other person who makes this Return, Sarah E Det
Address, 2205 Cottage St
Remarks,

18940004413

GIVEN NAME ADDED 10-29-58
 RETURN OF A BIRTH.

88615-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Stuart W. F. Scott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 26, 1894

4. Place of Birth, (Street and Number) 111 E. North St.

5. Full Name of Mother, Annie K. Scott

6. Mother's Maiden Name, Annie K. Burch

7. Mother's Birthplace, Virginia

8. Full Name of Father, Willard F. Scott

9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Theodore Barker, M.D.

Address, 914 N. Charles St.

Remarks,

18940004414

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Augt. 26 1894*

4. Place of Birth, (Street and Number) *328 Diamond Street*

5. Full Name of Mother, *Maggie Peters*

6. Mother's Maiden Name, *Maggie Slavin*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Berg Peters*

9. Father's Occupation, *Laboring*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *Doctor Cotnam*

Address, *609 Preston St.*

Remarks,

18940004415

RETURN OF A BIRTH. 58617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Aug 26/91

4. Place of Birth, (Street and Number) Free lying-in Hospital 622 W Lombard

5. Full Name of Mother, Lizzie Sanders

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry A. Arthur M.D.

Address, 622 W Lombard St

Dr. Resdt Phys

Remarks, _____

Subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

18940684413

RETURN OF A BIRTH. 586.18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Will permit or persons who will pay for each office, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether 1st, 2d, 3d, &c.) *1st*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth. *August 26, 1894*
5. Place of Birth, (Street and Number) *St. Vincent's Inf. Asylum*
6. Full Name of Mother, *Emily Hughes*
7. Mother's Maiden Name, *McGinnis*
8. Mother's Birthplace, *West. Kentucky*
9. Full Name of Father, *"*
10. Father's Occupation, *"*
11. Father's Birthplace, *"*
12. Name of Medical Attendant, or other person who makes this Return. *D. L. Harris M.D.*
13. Address. *601 Lehigh St.*
14. Remarks, *"*

18940004417

RETURN OF A BIRTH. 58619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 3
- Sex, (state whether male or female) ... male
2. Race or Color, (if not of the white race) ... white
3. Date of Birth ... 27 August.
4. Place of Birth, (Street and Number) ... 1435 Hae St.
5. Full Name of Mother ... Ella Coughlin
6. Mother's Maiden Name ... " Madden
7. Mother's Birthplace ... Baltimore
8. Full Name of Father ... Thomas Coughlin
9. Father's Occupation ... Laborer
10. Father's Birthplace ... Baltimore
- Name of Medical Attendant, or other person who makes this Return ... Dr. M. J. ...
- Address ... 1331 Hae St.
- Remarks, ...

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 27th 1894*
4. Place of Birth, (Street and Number) *1003 Penina Ave*
5. Full Name of Mother, *Mary E. Weber*
6. Mother's Maiden Name, *Mary E. Saffron*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Chas E. Weber*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *C. K. Jump M.D.*
- Address, *917 Argyle Ave.*
- Remarks,

RETURN OF A BIRTH. 58621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 27, 1894.
4. Place of Birth, (Street and Number) 3008 Dillman St.
5. Full Name of Mother, Emma Louise.
6. Mother's Maiden Name, Emma Allen.
7. Mother's Birthplace, Balt.
8. Full Name of Father, Harry Louise.
9. Father's Occupation, Labor.
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Mary Schwayze
- Address, 824 Canton St.
- Remarks,

18940004420

RETURN OF A BIRTH. 1862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

5 12

Female

White

27th of August 64

325 Banta Row St.

Miss Philipp

Miss Schaefer

Balte

Hennig Philipp

Labor

Balte

Friederike Heuler Midwife

2116 West Pratt St.

1 8 9 4 0 0 0 4 4 2 1

RETURN OF A BIRTH.

58623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

to report the birth to the Commissioner of Health, in the manner and within the period above required, and if any such person or persons who shall fail to comply with the provisions of this act shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 27th 1894

4. Place of Birth, (Street and Number) 1106 Bowen St.

5. Full Name of Mother, Annie R. Young

6. Mother's Maiden Name, Sapp

7. Mother's Birthplace, Balt.

8. Full Name of Father, Joseph H. Young

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. W. Weber, M.D.

Address, 723 W. Lombard St.

Remarks, Delivered with forceps.

8 9 4 0 0 0 4 4 2 2

RETURN OF A BIRTH. 58624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Aug. 27th. 1894
 4. Place of Birth, (Street and Number) 602 Luzerne Street South.
 5. Full Name of Mother, Missouria Wallace
 6. Mother's Maiden Name, Missouria Traider, Trader
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, William Wallace
 9. Father's Occupation, Box Cooper
 10. Father's Birthplace, Balto
 Name of Medical Attendant, or other person who makes this Return, H. C. Knowlton
 Address, 235 N. Pat. St. Arc.
 Remarks, _____

18940004423

RETURN OF A BIRTH. 58625-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child
 1. Sex, (state whether male or female), Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, August 27 1894
 4. Place of Birth, (Street and Number) No 1839 W. Lombard St.
 5. Full Name of Mother, Katie Pilert
 6. Mother's Maiden Name, " " Powers.
 7. Mother's Birthplace, Baltimore.
 8. Full Name of Father, John C. Pilert
 9. Father's Occupation, Blacksmith.
 10. Father's Birthplace, Catonsville
 Name of Medical Attendant, (or other person who makes this Return) Amie Lindner
 Address, No 106 S. Monaca St.
 Remarks, _____

1 8 9 4 0 0 0 4 4 2 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 27, 1911

4. Place of Birth, (Street and Number)

1911 Lytle St.

5. Full Name of Mother,

Amelia Spiers

6. Mother's Maiden Name,

Ruegg

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Charles Spiers

9. Father's Occupation

Machinist

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

C. L. Bond

Address,

418 S. Yaca St.

Remarks,

1 6 4 4 0 0 4 4 2 5

RETURN OF A BIRTH.

58627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2/4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 27 94
4. Place of Birth, (Street and Number) 1313 Killman St.
5. Full Name of Mother, Emma V. Turner
6. Mother's Maiden Name, " Stiffen
7. Mother's Birthplace, Parkton B. Co Md
8. Full Name of Father, Geo. T. Turner
9. Father's Occupation, Marine Engineer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, W. B. Perry M.D.
- Address, 1008 E. Chase St.
- Remarks, _____

8940004426

RETURN OF A BIRTH. 58628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH. 58629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Boys
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th 9d
4. Place of Birth, (Street and Number) 1411 Bond St. Bk.
5. Full Name of Mother, Metta Starenberg
6. Mother's Maiden Name, Metta Garas
7. Mother's Birthplace, England
8. Full Name of Father, J. Starenberg
9. Father's Occupation, Engineer
- Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return. Dr. J. J. Alderman
- Address, 1013 Lombard St.
- Remarks, _____

1 8 9 4 0 0 0 4 4 2 8

RETURN OF A BIRTH. 58630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. Aug 27 97

4. Place of Birth. (Street and Number) 1131 E. Mt. St.

5. Full Name of Mother, Margaret Burke

6. Mother's Maiden Name, Wearney

7. Mother's Birthplace, Ireland

8. Full Name of Father, Colin Burke

9. Father's Occupation, Clerk

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, W B Perry M.D.

Address, 400 E. Chase St.

Remarks,

8 9 4 0 0 0 4 4 2 9

RETURN OF A BIRTH. 58631 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 27th 1894*

4. Place of Birth, (Street and Number) *Cor Parkdale & Woodberry Ave*

5. Full Name of Mother, *May D. Shanks*

6. Mother's Maiden Name, *May*

7. Mother's Birthplace, *Balt Co Md*

8. Full Name of Father, *Morris Shanks*

9. Father's Occupation, *Physician*

10. Father's Birthplace, *St Marys Co Md*

Name of Medical Attendant, or other person who makes this Return, *Morris Shanks M.D*

Address, *Cor Parkdale & Woodberry, Balt*

Remarks, *Vacciner Physician 21st Ward*

18940004430

RETURN OF A BIRTH. 58632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) III
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Aug 27/94
4. Place of Birth, (Street and Number) Free Lyngin Hospital 622 Lombard
5. Full Name of Mother, Ella Johnson
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, Horst A. Arthur M.D.
- Address, 622 Lombard St In Res. Phys
- Remarks, _____

RETURN OF A BIRTH. 58633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 27, 1894

4. Place of Birth, (Street and Number) Free Lying in Hospital, 622 W. Lombard

5. Full Name of Mother, Elizabeth Bjornsen

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry N. Arthur M.D.

Address, 622 W. Lombard St. Dr. R. S. Phys.

Remarks, _____

18940004432

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

58634

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) Colored
- Date of Birth, Aug. 27, 1894
- Place of Birth, (Street and Number) 544 Burgundy Alley
- Full Name of Mother, Bennie Forrest
- Mother's Maiden Name, —
- Mother's Birthplace, —
- Full Name of Father, —
- Father's Occupation, —
- Father's Birthplace, —
- Name of Medical Attendant, or other person who makes this Return, Harry J. Wiley M.D.
- Address, 622 W Lombard St
- Remarks, —

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58635-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, Aug 28/94
- Place of Birth, (Street and Number) Lying in Hospital under Lenders
- Full Name of Mother, Rosa Ward
- Mother's Maiden Name, _____
- Mother's Birthplace, _____
- Full Name of Father, _____
- Father's Occupation, _____
- Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, Mary A. Arthur M.D.
- Address, 622 W. Lombard St.
- Remarks, Dr. Rossi Rhys

1894000434

RETURN OF A BIRTH. 58636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 28/94

4. Place of Birth, (Street and Number) Free lying in Hospital 6724 Lombard

5. Full Name of Mother, Mrs Mary Reilly

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address, 6724 Lombard St

Remarks.

Harvey H. Arthur M.D.
Dr. Res. St. Philip

18940-01435

RETURN OF A BIRTH. 58637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Male

Colored

Aug 28, 1891

221 S. Parnish St.

Anna M. Barnett

Harry G. Utley M.D.

622 W. Lombard St.

18940504436

RETURN OF A BIRTH. 58 638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 28th 3^d A. M. 1894

4. Place of Birth, (Street and Number) 2322 E. Baltimore st

5. Full Name of Mother, Elise Sophie Alice Eisenbrandt

6. Mother's Maiden Name, " " " Schulz

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William Albert Eisenbrandt

9. Father's Occupation, Music Dealer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Phys. Geo. Danach

Address, 1739 E. Baltimore st

Remarks, _____

18940004437

RETURN OF A BIRTH. 58639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

August 28th 1894

4. Place of Birth, (Street and Number)

Merriman Lane

5. Full Name of Mother,

Levinia Sinclair

6. Mother's Maiden Name,

Levinia Meakin

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Edward J. Sinclair

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

A. G. Statson

Address,

1301 N. Central Ave.

Remarks,

18940004438

RETURN OF A BIRTH. 58640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III
- Sex, (state whether male or female) Girl
- Race or Color, (if not of the white race) White
- Date of Birth, Aug. 28/94
- Place of Birth, (Street and Number) 737 S. Luzern Str.
- Full Name of Mother, Elizabeth Sauer
- Mother's Maiden Name, Faber
- Mother's Birthplace, Balto
- Full Name of Father, Henry Sauer
- Father's Occupation, Laborer
- Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer
- Address, 2235 Gough Str.
- Remarks, _____

RETURN OF A BIRTH. 58641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 28th/94*

4. Place of Birth, (Street and Number) *44 W. Greene St.*

5. Full Name of Mother, *Anna M. Kohler*

6. Mother's Maiden Name, *Anna M. Buschman*

7. Mother's Birthplace, *Batavia, N.Y.*

8. Full Name of Father, *Henry J. Kohler*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Batavia, N.Y.*

Name of Medical Attendant, or other person who makes this Return, *H. Gen. Rines*

Address, *400 Cathedral St.*

Remarks, _____

18940004440

RETURN OF A BIRTH. 58642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *I*

Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 28/94*

4. Place of Birth, (Street and Number) *40. N. Carolina St.*

5. Full Name of Mother, *Sussana Seidel*

6. Mother's Maiden Name, *Zaechlein*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *John G. Seidel*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Seisenhofer*

Address, *2225 Gough St.*

Remarks,

18940561441

Section 10 of the Act of the 10th of March, 1893, relating to the registration of births, deaths and marriages, provides that the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 August
4. Place of Birth, (Street and Number) 1414 Hughes St
5. Full Name of Mother, Katie Barbara
6. Mother's Maiden Name, Mulligan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F. Barbara
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Miss L. A. Brakes
Address, 1832 Light St
Remarks, Strong Well

18940004442

RETURN OF A BIRTH.

58645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex, (state whether male or female) Males
3. Race or Color, (if not of the white race) White
4. Date of Birth, Aug. 28th 1894.
5. Place of Birth, (Street and Number) Miller Ave. next to Paramount
6. Full Name of Mother, Hannah ~~Brown~~ Gephhardt.
7. Mother's Maiden Name, Brown.
8. Mother's Birthplace, Balto.
9. Full Name of Father, Wm. Gephhardt
10. Father's Occupation, Bridge Maker
11. Father's Birthplace, Balto.
12. Name of Medical Attendant, or other person who makes this Return, A. E. Knowlton
- Address, 323 N. Pat. St. Ave.
- Remarks, _____

1 8 9 4 0 0 0 4 4 4 4

ected to the fine of ten (\$10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 28 - 1894

4. Place of Birth, (Street and Number)

115 N. Broadway

5. Full Name of Mother,

Bertha Jonke

6. Mother's Maiden Name,

Schollmeyer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Jonke

9. Father's Occupation,

La. laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Mary Stein

Address, 1427 E. Pratt St.

Remarks,

RETURN OF A BIRTH. 58647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 Aug.

4. Place of Birth, (Street and Number)

#508 Madena St.

5. Full Name of Mother,

Mary Bushard

6. Mother's Maiden Name,

Mary Kunsulman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Bushard

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary A. Pertner

Address,

247 S. Chester St.

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 28th 74.
4. Place of Birth, (Street and Number) 769 W. Lexington St
5. Full Name of Mother, Fannie Laewenberg
6. Mother's Maiden Name, Fannie Jones
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Aaron Laewenberg
9. Father's Occupation, Salesman
10. Father's Birthplace, New York City
- Name of Medical Attendant, or other person who makes this Return, Henry C. Ohee, Md.
- Address, 1703 West Fagerman St
- Remarks, _____

1 8 9 4 0 0 0 4 4 4 7

RETURN OF A BIRTH. 58649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

1 8 7 4 0 0 0 4 4 4 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 25 98*
4. Place of Birth, (Street and Number) *1320 Harper St*
5. Full Name of Mother, *Wate Norton*
6. Mother's Maiden Name, *Reedy*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Patrick Norton*
9. Father's Occupation, *Scamster*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other person who makes this return, *W B Reedy MD*
- Address, *900 E. Chase St.*
- Remarks,

18940004449

RETURN OF A BIRTH.

58657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Col

3. Date of Birth

August 28th 1894

4. Place of Birth, (Street and Number)

No 2123 Hanover st

5. Full Name of Mother,

Sarah Bundin

6. Mother's Maiden Name,

" Cornish

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Louis Bundin

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Margreth Shigg

Address,

127 Winter st Balto

Remarks,

for each offence to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH. 58652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white American
 3. Date of Birth, Aug. 28, 1891 P. M.
 4. Place of Birth, (Street and Number) 2112 S. Charles
 5. Full Name of Mother, Rachel O'Riley
 6. Mother's Maiden Name, Rachel Nickless
 7. Mother's Birthplace, Staffordshire, Eng.
 8. Full Name of Father, John Miles O'Riley
 9. Father's Occupation, Sash-builder
 10. Father's Birthplace, Allegheny Co. Penn.
 Name of Medical Attendant, or other person who makes this Return, Mr. M. Kaine, from
 Address, the Evening Dispensary, 614 P. Charles Street.
 Remarks, ...

RETURN OF A BIRTH ^{586 53}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether male or female~~),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

Brown

3. Date of Birth,

Aug 28

4. Place of Birth, (Street and Number)

Baltimore, Cal. St. 18127

5. Full Name of Mother,

Maria Sarco.

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Irish, Haven, Md

8. Full Name of Father,

Frank Sarco.

9. Father's Occupation

Latvian work

10. Father's Birthplace,

Andal Mal Co. Md

Name of Medical Attendant, or other person who makes this Return,

Sarah Bellin

Address,

Remarks,

1 8 9 4 0 0 0 4 4 5 3

RETURN OF A BIRTH. 58655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, August 28th 1894
 4. Place of Birth, (Street and Number) 1221 Hollins St
 5. Full Name of Mother, Rebecca M. Brown
 6. Mother's Maiden Name, " Sweetmoun
 7. Mother's Birthplace, Finksburg, Carroll Co., Md.
 8. Full Name of Father, Allan J. Brown
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Anne Arundel Co., Md.
 Name of Medical Attendant, or other person who makes this Return, Joseph P. Hunter
 Address, 1035 W. 7th St
 Remarks, L. O. L. A.

RETURN OF A BIRTH. 58656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 28/94

4. Place of Birth, (Street and Number)

1921 W. Baltimore St

5. Full Name of Mother,

Annie E Stotter

6. Mother's Maiden Name,

King

7. Mother's Birthplace,

md

8. Full Name of Father,

Herbert H Stotter

9. Father's Occupation

RR. Conductor

10. Father's Birthplace,

md

Name of Medical Attendant, or other person who makes this Return,

M. H. Carter M.D.

Address,

1800 W. Baltimore St

Remarks,

1 8 9 4 0 0 0 4 4 5 5

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 28th
4. Place of Birth, (Street and Number) 1733 Olive, St.
5. Full Name of Mother, Anna I. Crandell
6. Mother's Maiden Name, Anna I. Gibson
7. Mother's Birthplace, Calvert County, Md.
8. Full Name of Father, Thomas M. Crandell
9. Father's Occupation, carpenter
10. Father's Birthplace, Annapolis County, Md.
- Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson
- Address, 1434 Palapasco, St.
- Remarks, _____

1 8 9 4 0 0 0 4 4 5 6

RETURN OF A BIRTH. 58658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 29th 1894

4. Place of Birth, (Street and Number) No 1912 Fredrick Ave

5. Full Name of Mother, Winifred Kennedy

6. Mother's Maiden Name, Winifred O'Donnell

7. Mother's Birthplace, Goveanstown Balto Co.

8. Full Name of Father, John E Kennedy

9. Father's Occupation, Shoulders

10. Father's Birthplace, Howard Co.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940004457

RETURN OF A BIRTH. 58659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940004453

RETURN OF A BIRTH. 58660.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 29 1894 (645 A.M.)

4. Place of Birth, (Street and Number) 754 Buxton St

5. Full Name of Mother, Jane Shortt

6. Mother's Maiden Name, Jane Ford

7. Mother's Birthplace, Kent Co Md

8. Full Name of Father, Wm H. Shortt

9. Father's Occupation, Dryman

Father's Birthplace, Prince Georges Co Md

Name of Medical Attendant, or other person who makes this Return, Dr. McLean

Address, 116 W. Mulberry St

Remarks, Dr. McLean

1 8 9 4 0 0 0 4 4 5 9

ected to the fine of ten (10) dollars for each offence, to be recovered in other cases and for violations of the Recovery Act.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940-04460

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Aug 29/94.*
4. Place of Birth, (Street and Number) *1712 Mount (North) St.*
5. Full Name of Mother, *Gertrude D. Kauffman*
6. Mother's Maiden Name, *Holland.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *August Kauffman*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *J. H. Christian M.D.*
- Address, *1801 Madison Ave.*
- Remarks,

8940004461

RETURN OF A BIRTH. 58663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, Aug. 29/94
 Place of Birth, (Street and Number) 507 N. Patterson Park Ave.
 Full Name of Mother, Rosine Schuppner
 Mother's Maiden Name, " Wilson
 Mother's Birthplace, Balto.
 Full Name of Father, Henry Schuppner
 Father's Occupation, Clerk
 Father's Birthplace, Balto.
 Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer
 Address, 1125 Gough St.
 Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 8-28-58
RETURN OF A BIRTH. 58664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Leonard Mac Neal

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RECEIVED FOR FILING
SEPT. 1894

40004463

Persons who fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 7th
- Sex, (state whether male or female)... Female
2. Race or Color, (if not of the white race)... white
3. Date of Birth, May 28 1894
4. Place of Birth, (Street and Number) 2406 Lombard Hill Ave
5. Full Name of Mother, Emma Morris
6. Mother's Maiden Name, Emma Devel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert W. Morris
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, J. Melvin, M.D.
- Address, 3316 Bond Hill Ave
- Remarks,

8940004464

RETURN OF A BIRTH. 58666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940004465

Person or persons who omit hereafter fill to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 Aug. 1894
4. Place of Birth, (Street and Number) 872 McKim St
5. Full Name of Mother, Annie Gilbert Walker
6. Mother's Maiden Name, Gilbert
7. Mother's Birthplace, Ireland
8. Full Name of Father, Charles Walker
9. Father's Occupation, =
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Annie Walker
- Address, 928 N. Cal St
- Remarks, _____

1 8 9 4 0 0 0 4 4 6 6

RETURN OF A BIRTH. 58668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Birth

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 August 1894

4. Place of Birth, (Street and Number)

222 Baltimore Street

5. Full Name of Mother,

Annie Grade

6. Mother's Maiden Name,

Annie Williams

7. Mother's Birthplace,

County Roscommon Ireland

8. Full Name of Father,

John Grade

9. Father's Occupation

Plumber

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Wm. Cunningham

Address,

Remarks,

1 8 9 4 0 0 0 4 4 6 7

Person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

to report this birth to the Board of Health, in the manner and within the period above required, and who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 29 August 1894
4. Place of Birth, (Street and Number) 631 East St.
5. Full Name of Mother, Wilhelmina Grish
6. Mother's Maiden Name, Bardaga
7. Mother's Birthplace, Balt.
8. Full Name of Father, Joseph Grish
9. Father's Occupation, Garman
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Anna Walker
- Address, 928 N. Cal St.
- Remarks, _____

18940004468

RETURN OF A BIRTH.

58670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c)

8

Eight

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 29th 1894

4. Place of Birth, (Street and Number)

1414 Richardson St. Balto.

5. Full Name of Mother,

Annie Mc Nally

6. Mother's Maiden Name,

Annie Croghan

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Edward Mc Nally

9. Father's Occupation,

Labr

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

Margaret Eitel

Address,

1619 1/2 St Locust Point Baltimore

Remarks,

RETURN OF A BIRTH. 58641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Aug 29 1894*
 4. Place of Birth, (Street and Number) *385 S. Fremont*
 5. Full Name of Mother, *Lena Kuhn*
 6. Mother's Maiden Name, *Lena Ochmidt*
 7. Mother's Birthplace, *Virginia*
 8. Full Name of Father, *John W. Kuhn*
 9. Father's Occupation, *Engineer*
 10. Father's Birthplace, *Virginia*
 Name of Medical Attendant, or other person who makes this return, *Hellenyonda Oliver*
 Address, *164 S. Laca*
 Remarks, *18940004470*

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 7-14-53
RETURN OF A BIRTH. 58672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Daisy Conner

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10^d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 29 of August - 1894
4. Place of Birth, (Street and Number) 462 Pratt St Highland Town
5. Full Name of Mother, Ellen Conner
6. Mother's Maiden Name, Ellen Conner
7. Mother's Birthplace, Glenroath Scotland
8. Full Name of Father, Pat Conner
9. Father's Occupation, Ship Builder
- Father's Birthplace, Glasgow Scotland
- Name of Medical Attendant, or other person who makes this Return, Lina Miller
- Address, 1600 Hollenbeck St City
- Remarks, _____

10940004471

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

2. Sex, (state whether male or female)...

female

3. Race or Color, (if not of the white race)...

White

4. Date of Birth,

29th of August 94

5. Place of Birth, (Street and Number)...

25 Fount Hill Rd

6. Full Name of Mother,

Elisa Heidel

7. Mother's Maiden Name,

Elisa Host

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Martin Heidel

10. Father's Occupation,

Brecker

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Frederike Kessler M.D.

Address,

2116 West Pratt St.

Remarks,

18940004472

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29th of August 94

4. Place of Birth, (Street and Number)

2113 Mary Anna St

5. Full Name of Mother,

Elisa Dorsch

6. Mother's Maiden Name,

Elisa Becker

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Friedrich Dorsch

9. Father's Occupation

Carpenter

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Friederike Hecker Midwife

Address,

2116 West Pratt St.

Remarks,

8940004473

RETURN OF A BIRTH. 586 75

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Not to be filled to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 29th 1894

4. Place of Birth, (Street and Number)

No 115 S. Paca St.

5. Full Name of Mother,

Josephine Haumann.

6. Mother's Maiden Name,

" Phoben.

7. Mother's Birthplace,

Geromans.

8. Full Name of Father,

August Haumann.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Hannover.

Name of Medical Attendant, or other person who makes this Return,

Annie Lindner

Address,

No 106 S. Monroe St

Remarks,

8940004474

RETURN OF A BIRTH. 58676.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 29/94

4. Place of Birth, (Street and Number) 2323 Milliman St

5. Full Name of Mother, Fernina Hofer

6. Mother's Maiden Name, Ziska

7. Mother's Birthplace, Germany

8. Full Name of Father, Martin Hofer

9. Father's Occupation, Labeler

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Seidenhofer

Address, 2225 Gough Str.

Remarks, Born Death.

1 8 9 4 0 0 0 4 4 7 5

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colorful

3. Date of Birth

Aug 29th 1894

4. Place of Birth, (Street and Number)

29 Natch B. Way

5. Full Name of Mother,

Emma Eastward

6. Mother's Maiden Name,

Emma Eastward

7. Mother's Birthplace,

New Bedford Mass

8. Full Name of Father,

X X

9. Father's Occupation,

X +

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth H. Wild

Address,

Carroll M. St

Remarks,

1 5 9 4 0 6 0 4 4 7 6

RETURN OF A BIRTH. 58678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race). Black

3. Date of Birth, Aug 29/98

4. Place of Birth, (Street and Number) Freezing Hospital 622 W. Lombard

5. Full Name of Mother, Sarah Ellen Euell

6. Mother's Maiden Name, 1

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry N. Arthur M.D.

Address, 672 W. Lombard St. In Remedy Phys.

Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 29/98
4. Place of Birth, (Street and Number) Free Lingue Hospital 622 W. Lombard
5. Full Name of Mother, Katie Schmidt
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur M.D.
- Address, 622 W. Lombard St. I.R. 2000
- Remarks, _____

RETURN OF A BIRTH. 58680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race). White

3. Date of Birth. Aug 30 1904

4. Place of Birth, (Street and Number). Free Clinic Hospital 622 W. Lombard

5. Full Name of Mother, Bertha Feldmanus

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry A. Arthur M.D.

Address. 622 W. Lombard St

Remarks, _____

18940004479

RETURN OF A BIRTH. 58681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Aug 25, 1911

4. Place of Birth, (Street and Number)

Free-Living Hospital 622 W. Lombard

5. Full Name of Mother,

Florence Wigfall

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harry H. Arthur M.D.

Address,

622 W. Lombard St.

Dr. Robert Chap

Remarks,

8940604480

RETURN OF A BIRTH. 58682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁵⁸⁶⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *August 30th 1897*

4. Place of Birth, (Street and Number) *232 Burk St*

5. Full Name of Mother, *Maria Jane Lukins*

6. Mother's Maiden Name, *Maria Jane Wolford*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Lucas Lukins*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return

Address, *J Francis Anderson 234 Franklin St*

Remarks,

RETURN OF A BIRTH. 58684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 30 - 1894
4. Place of Birth, (Street and Number) 1809 E. Lombert St.
5. Full Name of Mother, Ella M. Schuette
6. Mother's Maiden Name, Hill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry V. Schuette
9. Father's Occupation, Agent
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who made this Return, Mary Stein
- Address, 1429 E. Pratt St.
- Remarks,

1894-004483

over

RETURN OF A BIRTH. 58685-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Lillian Esther Finkeldey*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d Child*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 30th 1894.*

4. Place of Birth, (Street and Number) *217 E. Montgomery St.*

5. Full Name of Mother, *Mary Finkeldey Finkeldey*

6. Mother's Maiden Name, *" Leutner,*

7. Mother's Birthplace, *Baltimore City.*

8. Full Name of Father, *E. H. Finkeldey Finkeldey*

9. Father's Occupation *Salesman*

10. Father's Birthplace, *Baltimore City.*

Name of Medical Attendant, or other person who makes this Return, *R. J. H. Gall. M.D.*

Address, *524 Sharp St.*

Remarks,

| 8 9 4 0 0 0 4 4 8 4

Noted to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 30 1894

4. Place of Birth, (Street and Number)

516 Enoch

5. Full Name of Mother,

Bertha Mather

6. Mother's Maiden Name,

Rehbein

7. Mother's Birthplace,

Balto

8. Full Name of Father,

J. F. Mather

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto

Name of Medical Attendant,

or other person who makes this Return.

J. B. Schwartz M. D.

Address,

1003 N. Trow

Remarks,

10940004485

RETURN OF A BIRTH. 58687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2. nd.

Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) ~~or~~ American.

3. Date of Birth, Aug. 30 (8 o'clock P. M.)

4. Place of Birth, (Street and Number) 31 Hill St East

5. Full Name of Mother, Mary Landes

6. Mother's Maiden Name, Mary Laroche

7. Mother's Birthplace, Saxony-Germany

8. Full Name of Father, Charlie Landes

9. Father's Occupation, Brick-layer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Hanna, from the

Address, Rowing Dispensary, 614 P. Charles Street.

Remarks,

Penalty for false statements: Any person who shall make any false statement in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58688 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) case
- Sex, (state whether male or female) male
- Race or Color, (if not of the white race) colored
- Date of Birth, born August 30 1894
- Place of Birth, (Street and Number) Baltimore M D Health ally 1533
- Full Name of Mother, Mary Blackson
- Mother's Maiden Name, Mary Carter
- Mother's Birthplace, Mathews co Va
- Full Name of Father, Arthur Blackson
- Father's Occupation, porter
- Father's Birthplace, Baltimore M D
- Name of Medical Attendant, or other person who makes this Return, Mary Burns
- Address, Parish ally 912 Mary Burns
- Remarks, _____

18940004487

RETURN OF A BIRTH. 58689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 23

Sex, (state whether male or female) Male.

Race or Color, (if not of the white race) White.

Date of Birth, August 30, 1894.

Place of Birth, (Street and Number) 1291 Cedar ave.

Full Name of Mother, Catherine Crank Roach.

Mother's Maiden Name, Canoll

Mother's Birthplace, Ind.

Full Name of Father, Cornelius M. Roach.

Father's Occupation, Laborer.

Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, _____

18940004488

RETURN OF A BIRTH. 586 90

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return,

Address,

Remarks.

1 8 9 4 0 0 0 4 4 8 9

RETURN OF A BIRTH. 58691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, 30 August
- Place of Birth, (Street and Number) 145-11 B. Carey Ave
- Full Name of Mother, Maggie S. Bikes
- Mother's Maiden Name, Marshall
- Mother's Birthplace, Williamsport, Md
- Full Name of Father, Frank W. Bikes
- Father's Occupation, Bookman or Scribe
- Father's Birthplace, Anne Randall Co. Md
- Name of Medical Attendant, or other person who makes this Return,
- Address,
- Remarks,

1 8 9 4 0 0 0 4 4 9 0

RETURN OF A BIRTH. 58692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *30th August*

4. Place of Birth, (Street and Number) *1163 Bowen St.*

5. Full Name of Mother, *Carolina Jennings*

6. Mother's Maiden Name, *Wise*

7. Mother's Birthplace, *Pittsburg, Pa.*

8. Full Name of Father, *Geo. Joseph Jennings*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Charles County, Md.*

Name of Medical Attendant, or other person who makes this Return, *Mrs A. M. Bischof*

Address, *780 Cross Str.*

Remarks,

8 4 4 0 0 4 4 9 1

RETURN OF A BIRTH. 58693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 4 4 9 2

RETURN OF A BIRTH 58694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *First*
 1. Sex, (state whether male or female)..... *Female*
 2. Race or Color, (if not of the white race)..... *White*
 3. Date of Birth,..... *August 20th 1894*
 4. Place of Birth, (Street and Number)..... *1819 W. Pratt St.*
 5. Full Name of Mother,..... *Mrs. Annie Leisner*
 6. Mother's Maiden Name,..... *Miss Annie Mikossaukies*
 7. Mother's Birthplace,..... *Russia*
 8. Full Name of Father,..... *Mr. Vincent Leisner*
 9. Father's Occupation,..... *Tailor*
 10. Father's Birthplace,..... *Russia*
 Name of Medical Attendant, or other person who makes this Return,..... *Basil J. Hart M.D.*
 Address,..... *925 Fulton Ave.*
 Remarks,.....

18940001493

RETURN OF A BIRTH. 58695-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 30, 1895

4. Place of Birth, (Street and Number) 1118 Patuxent St.

5. Full Name of Mother, Gertrude Anne

6. Mother's Maiden Name, Gertrude Leisner

7. Mother's Birthplace, Germany

8. Full Name of Father, Carl A. Anne

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary S. Swayer

Address,

Remarks,

58695

RETURN OF A BIRTH. 58696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 30th August 1894
 4. Place of Birth, (Street and Number) Michael St N 125
 5. Full Name of Mother, Ana Wenders
 6. Mother's Maiden Name, Miller
 7. Mother's Birthplace, Germanien
 8. Full Name of Father, August Wenders
 9. Father's Occupation Werk Mann
 10. Father's Birthplace, Germanien
 Name of Medical Attendant, or other person who makes this Return, Dr. J. E. G. N. 108
 Address, Harold's Alley
 Remarks, _____

1 8 9 4 8 6 9 6

RETURN OF A BIRTH. 58697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male
white

2. Race or Color, (if not of the white race)

3. Date of Birth.

Aug 30th 1894

4. Place of Birth, (Street and Number)

406 N. Sharp St

5. Full Name of Mother.

Katie Freitag

6. Mother's Maiden Name.

Katie Bynner

7. Mother's Birthplace.

Germany

8. Full Name of Father.

Phillip Freitag

9. Father's Occupation.

Cigar

Manufacturer

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other person who makes this Return.

E. Michener M.D.

Address,

407 Sharp St

Remarks.

18940004496

RETURN OF A BIRTH. 58698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *August 31st 1894*
 4. Place of Birth, (Street and Number) *229 W. 1st St. Baltimore*
 5. Full Name of Mother, *Mary Sheehy*
 6. Mother's Maiden Name, *Garly*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *August Sheehy*
 9. Father's Occupation, *Cook*
 10. Father's Birthplace, *Ireland*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary*
 Address, *414 S. Tucker*
 Remarks, *Mother and child both well*

1 8 9 4 0 0 0 4 4 9 7

RETURN OF A BIRTH. 58699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940004498

RETURN OF A BIRTH.

58700.

Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

(state whether 1st, 2d, 3d, &c.)

Male or Female)

of the white race)

Street and Number)

or

Time

or

Attendant, or other Person who
makes this return

9th Child
Female
6 weeks

31
801. Stockholm St
Wm C. Carey
J. C. Collins
West Virginia
Wm C. Carey
J. C. Collins
Wm C. Carey
J. C. Collins
Wm C. Carey
J. C. Collins

18940004499

RETURN OF A BIRTH. 58701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Aug 31/94*
4. Place of Birth, (Street and Number) *21 Oliver St.*
5. Full Name of Mother, *Alma V. Butterfield*
6. Mother's Maiden Name, *Phillips*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *David G. Butterfield*
9. Father's Occupation, *School Teacher*
10. Father's Birthplace, *Edinburg N. Y.*
- Name of Medical Attendant, or other person who makes this Return, *Dr. J. H. Christian*
- Address, _____
- Remarks, _____

1 8 9 4 0 0 0 4 5 0 0

RETURN OF A BIRTH 58702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, Aug 31 - 94

4. Place of Birth, (Street and Number) 1311 E Fayette St

5. Full Name of Mother, Kate Mitchell

6. Mother's Maiden Name, " Bauer

7. Mother's Birthplace, City

8. Full Name of Father, Joshua Mitchell

9. Father's Occupation, Teamster

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, R. S. Davis

Address, 1807 N. Caroline St

Remarks,

Penalty for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—

2nd

1. Sex, (state whether male or female) —

Female

2. Race or Color, (if not of the white race) —

White

3. Date of Birth, —

31st of August 94

4. Place of Birth, (Street and Number) —

412 Pulasky St

5. Full Name of Mother, —

Louise Wehe

6. Mother's Maiden Name, —

Louise Knapen

7. Mother's Birthplace, —

Balto

8. Full Name of Father, —

Gustaph Wehe

9. Father's Occupation, —

Laber

10. Father's Birthplace, —

Balto

Name of Medical Attendant, or other person who makes this Return, —

Friederike Kauder Widmize

Address, —

211.6 West Pratt St

Remarks, —

1 8 4 4 0 0 0 4 5 0 2

RETURN OF A BIRTH. 58704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 31/194

4. Place of Birth, (Street and Number) 405 N. Bradford St

5. Full Name of Mother, Annie Boss

6. Mother's Maiden Name, Deetzer

7. Mother's Birthplace, Balto.

8. Full Name of Father, Frank Boss

9. Father's Occupation, Cooper

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs. Seisenhofer

Remarks, 2225 Gough St.

RETURN OF A BIRTH. 58705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III
 1. Sex, (state whether male or female) Girl
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Aug. 31/94
 4. Place of Birth, (Street and Number) 2642 E. Lombard St.
 5. Full Name of Mother, Annie Volk
 6. Mother's Maiden Name, Mueller
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, Charles Volk
 9. Father's Occupation, Saloonkeeper
 10. Father's Birthplace, Balto.
 Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer
 Address, 2225 Gough St.
 Remarks, _____

6940004504

RETURN OF A BIRTH. 58706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 8th Child
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, August 31, 1894
 4. Place of Birth, (Street and Number) St. William St.
 5. Full Name of Mother, Emma Odel
 6. Mother's Maiden Name, Emma Taylor
 7. Mother's Birthplace, Balto
 8. Full Name of Father, John Odel
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Balto
 Name of Medical Attendant, or other person who makes this Return, M. R. Coakley
 Address, 213 E. North St.
 Remarks, Henry Bell

18940004505

RETURN OF A BIRTH. 58707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Aug 31 -
 4. Place of Birth, (Street and Number) 1732 Preston
 5. Full Name of Mother, Sallie Frank
 6. Mother's Maiden Name, Sallie Brewster
 7. Mother's Birthplace, Balt
 8. Full Name of Father, Bernard Frank
 9. Father's Occupation, Upholsterer
 10. Father's Birthplace, Balt
 Name of Medical Attendant, or other person who makes this Return, Warrill V Moyer M.D.
 Address, 1200 N Edue St
 City, City
 Remarks,

18940004506

RETURN OF A BIRTH. 58708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, August 31 A. 1894
 4. Place of Birth, (Street and Number) 101857 H. Pratt St.
 5. Full Name of Mother, Jessie Smith
 6. Mother's Maiden Name, Bramming
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Lang Smith
 9. Father's Occupation, Bookster
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Annie L. Laidner
 Address, 1706 S. Howard St.
 Remarks, _____

8740004507

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, June 30

4. Place of Birth, (Street and Number) 926 Peachey

5. Full Name of Mother, Mary E. Hayward

6. Mother's Maiden Name, Scott

7. Mother's Birthplace, Philadelphia, Pa.

8. Full Name of Father, William J. Hayward

9. Father's Occupation, Glass Worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Smith

Address, 817 N. Howard St.

Remarks,

18940004508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940004509

RETURN OF A BIRTH. 58711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31st August 1894

4. Place of Birth, (Street and Number) 31st St. No. 1249

5. Full Name of Mother, Emilie Brust

6. Mother's Maiden Name, Friedrich

7. Mother's Birthplace, Germany

8. Full Name of Father, Ernest Brust

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. E. J. 434

Address, Frederick Street

Remarks,

18940004510

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

RETURN OF A BIRTH. 38712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 31

4. Place of Birth, (Street and Number) 1546 Irvington Pl.

5. Full Name of Mother, Miriam McManus

6. Mother's Maiden Name, Marion O'Keefe

7. Mother's Birthplace, Ireland

8. Full Name of Father, John McManus

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J. J. McManus

Address, 2316 Ormish Hall Ave

Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 1/94

4. Place of Birth, (Street and Number) 2018 Gough St.

5. Full Name of Mother, Mary Brenner

6. Mother's Maiden Name, Hopkins

7. Mother's Birthplace, W. Virginia

8. Full Name of Father, Fred. Brenner

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer

Address, 2225 Gough St.

Remarks, _____

8940004512

RETURN OF A BIRTH.

58714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6-

Sex, (state whether male or female).

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

1 August

4. Place of Birth, (Street and Number)

Alciana St. 1617

5. Full Name of Mother,

Meri Jones

6. Mother's Maiden Name,

Sikret

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas E. Jones

9. Father's Occupation,

Plumer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Meri Orell

Address,

1 J. Bond St. 838

Remarks,

Penalty for false statement: Any person who shall knowingly make a false statement in this section shall be subject to the fine of ten (\$10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58715-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 19 1894

4. Place of Birth, (Street and Number) 2131 Division St

5. Full Name of Mother, Mary Hooper

6. Mother's Maiden Name, Kelly

7. Mother's Birthplace, Balto

8. Full Name of Father, Michael Hooper

9. Father's Occupation, U.S. Int Revenue Service

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E. Sadtler

Address, 2100 Druid Hill Ave

Remarks,

18940004514

RETURN OF A BIRTH. 58716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 51*

4. Place of Birth, (Street and Number) *1679 W. Pratt St*

5. Full Name of Mother, *Emma Kraus*

6. Mother's Maiden Name, *Schoenig*

7. Mother's Birthplace, *City*

8. Full Name of Father, *John W. Kraus*

9. Father's Occupation, *Plumber*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other person who makes this Return, *J. B. Smith M.D.*

Address, *571 S. Howard St*

Remarks,

1 8 9 4 0 0 0 4 5 1 5

RETURN OF A BIRTH ⁵⁸⁷¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

1st August 1894

4. Place of Birth, (Street and Number)

1111 Riverside Ave

5. Full Name of Mother,

Sela F Lowmy

6. Mother's Maiden Name,

Stansbury

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George W Lowmy

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Newell

Address,

436 E Fort Ave

Remarks,

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Aug 1st 1894*

4. Place of Birth, (Street and Number) *511 E Madison st*

5. Full Name of Mother, *Mary Sinnott*

6. Mother's Maiden Name, *" Kearin*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Lawrence Sinnott*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return, *Mrs Julia Groom*

Address, *944 W Gay st*

Remarks,

18940004517

RETURN OF A BIRTH.

58719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

Sex, (state whether male or female)

Male.

Race or Color, (if not of the white race)

White.

Date of Birth,

August 1, 1894.

Place of Birth, (Street and Number)

169 North Vernon St.

Full Name of Mother,

Jessie Minerva Mason

Mother's Maiden Name,

Wiley.

Mother's Birthplace,

Pa.

Full Name of Father,

John W. Mason.

Father's Occupation

Cotton Mill operator

Father's Birthplace,

Pa.

Name of Medical Attendant,

or other person who makes this Return,

Class. Dr. Mitchell & D.

Address,

291 Chestnut ave.

Remarks,

18940004518

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 1, 1894

4. Place of Birth, (Street and Number) 1058. Ave A

5. Full Name of Mother,

6. Mother's Maiden Name, Nancy Bailey

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return, Harry G. Hiteley, M.D.

Address, 622 W Lombard St.

Remarks,

Not to be filled out by the Registrar. This section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 1, 1894

4. Place of Birth, (Street and Number) Free lying In Hospital 677 W Lombard St

5. Full Name of Mother, Belle Davis

6. Mother's Maiden Name, " "

7. Mother's Birthplace, " "

8. Full Name of Father, " "

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, Harvey Arthur MD

or other person who makes this Return

Address, 677 W Lombard St

Remarks, Dr. Ross & Phys

This is a return of persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
 Sex, (state whether male or female) Boy
 Race or Color, (if not of the white race) White
 Date of Birth, Aug. 2/94
 Place of Birth, (Street and Number) 2009 Fairmount Ave.
 Full Name of Mother, Louisa Kolb
 Mother's Maiden Name, " Purzer
 Mother's Birthplace, Balto.
 Full Name of Father, Louis Kolb
 Father's Occupation, Taylor
 Father's Birthplace, Balto.
 Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer
 Address, 2225 Gough St.
 Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 58723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 2, 1894

4. Place of Birth, (Street and Number) 423 E. Eden St.

5. Full Name of Mother, Christiana Echlin

6. Mother's Maiden Name, Ritter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Echlin

9. Father's Occupation, Ice Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

18940004523

RETURN OF A BIRTH. 58724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
~~Bertha Elizabeth Bachman~~ GIVEN NAME ADDED: 7/23/55 149

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d.

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth, August 2, 1/4 o'clock afternoon / 1894

5. Place of Birth, (Street and Number) 1407 Olive Street, P.

6. Full Name of Mother, Caroline Bachman,

7. Mother's Maiden Name, Herkenberg

8. Mother's Birthplace, Schmellm - Westphalen - Germany.

9. Full Name of Father, Heinrich August Bachman,

10. Father's Occupation, Cigar maker

11. Father's Birthplace, New York, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Hanna from the

Address, Evening Dispensary 614 S. Market Street.

Remarks,

18940004523

RETURN OF A BIRTH.

58725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) do August 2 - 1894
4. Date of Birth, 305 E. Central Ave
5. Place of Birth, (Street and Number) Anna Smith
6. Full Name of Mother, Katlick
7. Mother's Maiden Name, Germany
8. Mother's Birthplace, Peter Smith
9. Full Name of Father, Ice Driver
10. Father's Occupation, Baltimore
11. Father's Birthplace, Mary Stein
12. Name of Medical Attendant, or other person who makes this Return,
13. Address,
14. Remarks,

18940304524

RETURN OF A BIRTH. 58726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex, (state whether male or female)
- Race or Color, (if not of the white race)
- Date of Birth, May 12 1885
- Place of Birth, (Street and Number) State Co. Baltimore
- Full Name of Mother, William C. Guest
- Mother's Maiden Name, Baltimore
- Mother's Birthplace, Wm C Guest
- Full Name of Father, Henry William Guest
- Father's Occupation, Surgeon
- Father's Birthplace, Wm C Guest
- Name of Medical Attendant, or other person who makes this Return, Wm C Guest
- Address, 1412 N. Howard St
- Remarks,

1 8 9 4 0 0 0 4 5 2 5

RETURN OF A BIRTH.

58727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 August 1899

4. Place of Birth, (Street and Number) Young St

5. Full Name of Mother, Lina A. Jakobsen

6. Mother's Maiden Name, Lina Nelson

7. Mother's Birthplace, Norwegian Emory

8. Full Name of Father, Olof Jakobsen

9. Father's Occupation, Mariner

10. Father's Birthplace, Norwegian Emory

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 St. Washington St

Remarks, _____

8 9 4 0 0 0 4 5 2 6

RETURN OF A BIRTH. 58728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Aug 2, 1894.
4. Place of Birth, (Street and Number) 2202 Guilford Ave
5. Full Name of Mother, Ella Hildebrand
6. Mother's Maiden Name, Ella Beall
7. Mother's Birthplace, Maryland
8. Full Name of Father, John C. Hildebrand
9. Father's Occupation, Traveling Salesman
- Father's Birthplace, Maryland
- Name of Medical Attendant, or other person who makes this Return, Theodore Bock, M.D.
- Address, 914 N Charles St
- Remarks,

1 8 9 4 0 0 0 4 5 2 7

RETURN OF A BIRTH. 58729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 2. Sex, (state whether male or female) *male*
 3. Race or Color, (if not of the white race) *colored*
 4. Date of Birth, *August Second*
 5. Place of Birth, (Street and Number) *Baltimore 1070 Harbor St*
 6. Full Name of Mother, *Sarah Smith*
 7. Mother's Maiden Name, *Sarah Jackson*
 8. Mother's Birthplace, *St mary county*
 9. Full Name of Father, *Memphis Smith*
 10. Father's Occupation, *Sailor*
 11. Father's Birthplace, *St mary county*
 12. Name of Medical Attendant, or other person who makes this Return, *Carline Queen*
 13. Address, *1066 Harbor street*
 14. Remarks,

18940004528

RETURN OF A BIRTH. 58720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 August 1894

4. Place of Birth, (Street and Number) 1817 Klunemen ave

5. Full Name of Mother, Lari Luma

6. Mother's Maiden Name, Lari Ranta

7. Mother's Birthplace, Bohemen

8. Full Name of Father, Gustav Luma

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemen

Name of Medical Attendant, or other person who makes this Return, Aloisio Latoro

Address, 1110 Larkwood St

Remarks,

18940004529

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58.737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
2. Sex, (state whether male or female) Boy Male
3. Race or Color, (if not of the white race) Race
4. Date of Birth, August 2 1894
5. Place of Birth, (Street and Number) 705 Bond St
6. Full Name of Mother, Rosa Gussman
7. Mother's Maiden Name, Rosa Kaplan
8. Mother's Birthplace, Russia
9. Full Name of Father, Isaac
10. Father's Occupation, Mr. Gussman
11. Father's Birthplace, Russia
12. Name of Medical Attendant, or other person who makes this Return, Mrs. J. Goldmann
13. Address, 1613 E. Lombard St.
14. Remarks, _____

1 8 9 4 0 0 0 4 5 3 0

RETURN OF A BIRTH. 58732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 2nd 1894

4. Place of Birth, (Street and Number)

916 Hare St Baltimore City

5. Full Name of Mother,

Elisabeth Hage

6. Mother's Maiden Name,

Elisabeth Stauch

7. Mother's Birthplace,

Lemberg - Germania

8. Full Name of Father,

Baldosid Hage

9. Father's Occupation

Labor

10. Father's Birthplace,

Lemberg - Germania

Name of Medical Attendant, or other person who makes this Return

Max J. Lierseman

Address,

1225 Hare Street

Remarks,

8940004531

owed to report the birth to the Commissioner of Health, in the manner and within the period above required, and in case of failure to do so, the person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

any person or persons who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed in this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over
RETURN OF A BIRTH. 58733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.
1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race).
3. Date of Birth, 2 August 8/94.
4. Place of Birth, (Street and Number) 827 Hare street.
5. Full Name of Mother, Leda Winkelman.
6. Mother's Maiden Name, White.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Paul Winkelman.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.
- Name of Medical Attendant, or other person who makes this Return, Dr. J. P. Seemann.
- Address, 1225 Hare street.
- Remarks, Leda Winkelman

18940004532

RETURN OF A BIRTH.

58 73 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.
- Sex, (state whether male or female) female.
- Race or Color, (if not of the white race)
- Date of Birth, 2 August 8/94.
- Place of Birth, (Street and Number) 2038 Canton street,
- Full Name of Mother, Line Tiggai.
- Mother's Maiden Name, Ima Hineka.
- Mother's Birthplace, Germany.
- Full Name of Father, Morik Tiggai.
- Father's Occupation, carpenter.
- Father's Birthplace, Germany.
- Name of Medical Attendant, or other person who makes this Return, Mrs. P. Leisemann.
- Address, 1225 1/2 ave west.
- Remarks,

1 8 9 4 0 0 0 4 5 3 3

RETURN OF A BIRTH. 58735-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalty for failure to report as birth to the Commissioner of Health, in the manner and within the period above required, any such person or persons who shall thereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940004534

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd of August 94
4. Place of Birth, (Street and Number) 1814 W. Baccus St.
5. Full Name of Mother, Maria Schneider
6. Mother's Maiden Name, Maria Schultzy
7. Mother's Birthplace, Ba. Pr.
8. Full Name of Father, Charles Schneider
9. Father's Occupation, Labor
10. Father's Birthplace, Ba. Pr.
- Name of Medical Attendant, or other person who makes this return, Friederike Kessler Midwife
- Address, 2116 West Pratt St.
- Remarks, _____

18940004535

RETURN OF A BIRTH. 58437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 3rd

1894.

4. Place of Birth, (Street and Number)

581 W. Preston St

5. Full Name of Mother,

Louisa Thomas.

6. Mother's Maiden Name,

Louisa Phillips

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Thomas.

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return,

W B Hawkins

Address,

409 N. Green St.

Remarks,

5840004536

RETURN OF A BIRTH. 3-873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, August 2, (11 o'clock evening)

4. Place of Birth, (Street and Number) 2020 Olivet Street S.

5. Full Name of Mother, Mary Curran

6. Mother's Maiden Name, Schimpf

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Joseph Curran

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Address, Mr. M. Hanns from the Young Dispensary 614 S. Charles St.

Remarks,

1 8 9 4 0 0 0 4 5 3 7

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 3/94

4. Place of Birth, (Street and Number) 14. S. Chester Str.

5. Full Name of Mother, Mary Schiermer

6. Mother's Maiden Name, Sauer

7. Mother's Birthplace, Balto.

8. Full Name of Father, Ger. Schiermer

9. Father's Occupation, Taylor

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dissenhofer

Address, 2225 Gough St.

Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-5-56

RETURN OF A BIRTH. 58740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha May Parley

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, August 3, 10 o'clock morning 1894
4. Place of Birth, (Street and Number) 1437 Sumwalt's Court, near Elomb St.
5. Full Name of Mother, Kate Parley
6. Mother's Maiden Name, Bailey
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Stephen Parley
9. Father's Occupation, Laborer
- Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. K. Jones

Address, The Evening Dispensary 614 S. Charlotte St.

Remarks,

58740004539

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 3rd 1894

4. Place of Birth, (Street and Number)

100 N. Mount St
Blair Arrington

5. Full Name of Mother,

Thompson

6. Mother's Maiden Name,

Carroll Geo Md

7. Mother's Birthplace,

Edward S. Arrington

8. Full Name of Father,

Lineman

9. Father's Occupation,

Carroll Geo Md

10. Father's Birthplace,

W. E. Gibbons M.D.

Name of Medical Attendant, or other person who makes this Return,

Address, 1102 W. Lafayette Ave

Remarks,

shall be subject to the provisions of the Act of March 10, 1893, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the penalties provided in the Act of March 10, 1893, and the fines and forfeitures are recoverable, to be recovered in each case, by the Registrar of Vital Statistics.

18940004540

RETURN OF A BIRTH. 58742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—*6*
 1. Sex, (state whether male or female)—*Male*
 2. Race or Color, (if not of the white race)—*August 3, '94*
 3. Date of Birth, *Oxley St & Indist*
 4. Place of Birth, (Street and Number)—*Sophia Starkland*
 5. Full Name of Mother, *" Miller*
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father, *John Starkland*
Baker
 9. Father's Occupation
 10. Father's Birthplace,
 Name of Medical Attendant, or other person who makes this Return, *Caroline Miller*
1605 Baker St
 Address,
 Remarks,

18940004541

RETURN OF A BIRTH. 58743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 6 child
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth 3 August
 Place of Birth, (Street and Number) 1330 Harrison St
 Full Name of Mother Emma Storrer
 Mother's Maiden Name Emma
 Mother's Birthplace Waukegan, Ill
 Full Name of Father William H. Storrer
 Father's Occupation Engineer
 Father's Birthplace Harper's Ferry, Md
 Name of Medical Attendant, or other person who taken this Return, Mrs E P Brooks
 Address 1525 Light St
 Remarks Housing

18940004542

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and in person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. July 2, 1894

4. Place of Birth. (Street and Number) 718 Haver St. 133

5. Full Name of Mother. Martha P. Tucker

6. Mother's Maiden Name. James

7. Mother's Birthplace. Brown, George Co. Md.

8. Full Name of Father. James M. Tucker

9. Father's Occupation. Bookkeeper

Father's Birthplace. York, Pa.

Name of Medical Attendant, or other person who makes this Return. Wm. S. Kelley

Address. 422 Baltimore Ave

Remarks. _____

18940004543

GIVEN NAME ADDED 4-22-58 58445
 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Albert Elliott
 B.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 4, 1894

4. Place of Birth, (Street and Number)

411 W. 34th St.

5. Full Name of Mother,

Elizabeth Jane Elliott

6. Mother's Maiden Name,

Gardner

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

Louis E. Elliott

9. Father's Occupation

Coppersmith

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other person who makes this Return,

Charles H. Mitchell M.D.

Address,

291 Chestnut av.

Remarks,

1 5 9 4 0 0 1 5 4 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) August 4 '94
 3. Date of Birth, 325 N. Washington St.
 4. Place of Birth, (Street and Number) State of Md.
 5. Full Name of Mother, Anna
 6. Mother's Maiden Name, Baltimore
 7. Mother's Birthplace, Grandfather
 8. Full Name of Father, Carpenter
 9. Father's Occupation, Baltimore Md.
 10. Father's Birthplace, Cardinal Miller
 Name of Medical Attendant, or other person who makes this Return, 1605 Walters St.
 Address, _____
 Remarks, _____

18940004545

RETURN OF A BIRTH. 58 747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
 Sex, (state whether male or female) Girl
 Race or Color, (if not of the white race) White
 Date of Birth, Aug. 4/94
 Place of Birth, (Street and Number) 2323 Eastern Ave.
 Full Name of Mother, Lillie Hoffman
 Mother's Maiden Name, " Rogers
 Mother's Birthplace, Balto.
 Full Name of Father, Charles Hoffman
 Father's Occupation, Baker
 Father's Birthplace, Balto.
 Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer
 Address, 2225 Gough St.
 Remarks, _____

1 0 4 0 0 4 5 4 8

RETURN OF A BIRTH. 58748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) _____
 Date of Birth, Aug. 4 - 1894
 Place of Birth, (Street and Number) 17 S. Spring St.
 Full Name of Mother, Emmey Danah
 Mother's Maiden Name, Shrewen
 Mother's Birthplace, Baltimore
 Full Name of Father, Henry Danah
 Father's Occupation, Laborer
 Father's Birthplace, Baltimore
 Name of Medical Attendant, Mary Stein
 Address, 1427 E. Pratt St.
 Remarks, _____

18940004547

RETURN OF A BIRTH. 58 749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. ☒ Male, (state whether male or female) *Male and Female.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 4, 1894.*
4. Place of Birth, (Street and Number) *715 Madison Alley.*
5. Full Name of Mother, *Pauline Pastman*
6. Mother's Maiden Name, *Pauline Neav.*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *German Pastman*
9. Father's Occupation, *Labor.*
10. Father's Birthplace, *Baltimore.*
- ☒ Name of Medical Attendant, or other person who makes this Return, *Mary S. Swayne*
- Address, *824 Canton St.*
- Remarks, _____

18940004540

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 28
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, Aug 14 - 94
- Place of Birth, (Street and Number) 907, S. Fremont
- Full Name of Mother, Lucy M. Wille
- Mother's Maiden Name, Spahrhauch
- Mother's Birthplace, Baltimore
- Full Name of Father, Adriek Wille
- Father's Occupation, Barber
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Thos M Humphreys M.D.
- Address, 412, S. Paco, St.
- Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not the white race) W. Lite

3. Date of Birth, Aug 4 - 1894

4. Place of Birth, (Street and Number) Montibella Ave

5. Full Name of Mother, Leda M. Leonard

6. Mother's Maiden Name, " " George

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry M. Leonard

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, # 811 Jefferson St Waverly

Remarks, Baltimore

1 8 9 4 0 0 0 4 5 5 0

RETURN OF A BIRTH. 58752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 4th

1894

4. Place of Birth, (Street and Number)

209 S. Baltimore St

5. Full Name of Mother,

May Fairbanks

6. Mother's Maiden Name,

J. Ryple

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

James Fairbanks

9. Father's Occupation

Porter

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Minnie Graf

Address,

206 N. Schroder St

Remarks.

3940004551

GIVEN NAME ADDED 10-17-51
RETURN OF A BIRTH. 58753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Frank Louis Jacob*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *4 August, 1894*

4. Place of Birth, (Street and Number) *812 W. Cross St. Baltimore*

5. Full Name of Mother, *Esther Jacob*

6. Mother's Maiden Name, *Kate Kocher*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank Jacob*

9. Father's Occupation, *Cigar-maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Mrs. Bangor*

Address, *711 Cross St.*

Remarks, _____

GIVEN NAME ABOVE 7-30-58
 RETURN OF A BIRTH. 58754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Amelia Strobel Child

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 4th 1894
4. Place of Birth, (Street and Number) 134 Stockholm St
5. Full Name of Mother, Catherine Strobel
6. Mother's Maiden Name, Catherine Stockhausen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Strobel
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. J. H. ...
- Address, ...
- Remarks, ...

18940004553

RETURN OF A BIRTH. 58753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 124

Sex, (state whether male or female, Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 4th 1894

4. Place of Birth, (Street and Number) 1831 Chester St.

5. Full Name of Mother, Carrie Elizabeth Edwards

6. Mother's Maiden Name, Carrie Elizabeth Edwards

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William H. Edwards

9. Father's Occupation, Attorney

10. Father's Birthplace, Carbon Co. Penna

Name of Medical Attendant, or other person who makes this Return, Geo. W. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

18940004554

RETURN OF A BIRTH. 58756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race)
- Date of Birth, Aug. 4 - 1894
- Place of Birth, (Street and Number) 914 Eastern Ave.
- Full Name of Mother, Augusta Klein
- Mother's Maiden Name, Schek
- Mother's Birthplace, Baltimore
- Full Name of Father, Louis Klein
- Father's Occupation, Barber
- Father's Birthplace, Elizabethtown, Md.
- Name of Medical Attendant, or other person who makes this return, Mary Klein
- Address, 1427 E. Pratt St.
- Remarks.

18940204555

RETURN OF A BIRTH. 58757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d. &c.).....3

1. Sex, (state whether male or female).....boy

2. Race or Color, (if not of the white race).....white

3. Date of Birth.....1 August

4. Place of Birth, (Street and Number).....1315 Thompson St.

5. Full Name of Mother.....Mary Johnson

6. Mother's Maiden Name.....Hoeagh

7. Mother's Birthplace.....Ind.

8. Full Name of Father.....William Johnson

9. Father's Occupation.....mason

Father's Birthplace.....Balt.

Name of Medical Attendant, or other person who makes this Return.....Anna Walker

Address.....928 N. Cal St.

Remarks.....

18940004556

RETURN OF A BIRTH. 58758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug. 4

4. Place of Birth, (Street and Number) 108. W. Clement St.

5. Full Name of Mother, Kuigumder Becker

6. Mother's Maiden Name, Philipp

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry W. Becker

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. H. Miller

Address, 108 W. Clement St.

Remarks, 18940004557

Jeeted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940004558

RETURN OF A BIRTH. 58760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4 child
 1. Sex, (state whether male or female)... Male
 2. Race or Color, (if not of the white race)... White
 3. Date of Birth, 4 August
 4. Place of Birth, (Street and Number)... 1222 Riverside
 5. Full Name of Mother, Jennie Jackson
 6. Mother's Maiden Name, H. Hopkins
 7. Mother's Birthplace, St. Mary's Co. M.D.
 8. Full Name of Father, Charles Jackson
 9. Father's Occupation, Labor
 10. Father's Birthplace, West Virginia
 Name of Medical Attendant, or other person who makes this Return, Mrs. E. A. Bracks
 Address, 1222, 9th St.
 Remarks, Living Well

18940004559

ected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Miles Wilson McBurney ^{1st}
 of (Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Aug. 4, 1894.
 4. Place of Birth, (Street and Number) 1608 Barclay St.
 5. Full Name of Mother, Maud M. McBurney
 6. Mother's Maiden Name, Stewart
 7. Mother's Birthplace, Mass.
 8. Full Name of Father, Ross C. McBurney
 9. Father's Occupation, machinist
 10. Father's Birthplace, Penna.
 Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill
 Address, 1103 Madison Ave.
 Remarks,

18940004560

RETURN OF A BIRTH. 58762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Aug. 4th 1894

3. Date of Birth, White

4. Place of Birth, (Street and Number) Bethel Str. 1619

5. Full Name of Mother, Victoria Simon

6. Mother's Maiden Name, Sachuck

7. Mother's Birthplace, Poland

8. Full Name of Father, John Simon

9. Father's Occupation, Labour

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Prozyka

Address, 602 S. 1 Bond St.

Remarks, _____

1-8940004561

GIVEN NAME ADDED 4-30-60
RETURN OF A BIRTH. 58763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
Nildegarte Louise Schwabe

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race). *White*

3. Date of Birth, *August 4th. '94*

4. Place of Birth, (Street and Number). *S.W. Corner Towson & Clement Sts.*

5. Full Name of Mother. *Louise Schwabe*

6. Mother's Maiden Name. *Louise Anacker*

7. Mother's Birthplace. *Germany*

8. Full Name of Father. *Emil Schwabe*

9. Father's Occupation. *Laborer*

Father's Birthplace. *Germany*

Name of Medical Attendant, or other person who makes this Return. *Amalia Becker*

Address. *1339 Hull Street.*

Remarks.

1 8 9 4 0 0 4 5 6 2

The fee for printing and mailing this return is \$1.00, and the fee for each additional return is 50 cents. The fee for each additional return is 50 cents. The fee for each additional return is 50 cents.

RETURN OF A BIRTH. 58464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

Colored

Date of Birth,

August 4th 1894

Place of Birth, (Street and Number)

618 Burgundy Alley

Full Name of Mother,

Henrietta Robinson

Mother's Maiden Name,

/

Mother's Birthplace,

/

Full Name of Father,

/

Father's Occupation,

/

Father's Birthplace,

/

Name of Medical Attendant, or other person who makes this Return

Harry Alley M.D.

Address, 622 W. Lombard St.

Remarks,

RECEIVED AT THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, ON AUGUST 10, 1894, AT 10 O'CLOCK, A.M.

RETURN OF A BIRTH. 58765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, August 4 1894

Place of Birth, (Street and Number) 57 West St.

Full Name of Mother, Maggie Ransom

Mother's Maiden Name, /

Mother's Birthplace, /

Full Name of Father, /

Father's Occupation, /

Father's Birthplace, /

Name of Medical Attendant, or other person who makes this return, Harry G. Utley M.D.

Address, 622 W Lombard St.

Remarks, ...

18940094564

RETURN OF A BIRTH. 58766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth. August 5/94
 4. Place of Birth, (Street and Number) 1215 Gilman St.
 5. Full Name of Mother, Mrs. Ella M. Priester
 6. Mother's Maiden Name, Ella M. Bierley
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Mrs. Henry H. Priester
 9. Father's Occupation, Sign Painter
 10. Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller M.D.
 Address, 2239 Pennsylvania Ave.
 Remarks,

18940004565

RETURN OF A BIRTH.

58467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 5, 1894.

4. Place of Birth, (Street and Number)

910. Chesapeake St.

5. Full Name of Mother,

Lizzie Hancock.

6. Mother's Maiden Name,

Lizzie Anne.

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Charles Hancock.

9. Father's Occupation,

Labor.

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return,

Mary I. Swaine

Address,

824 Canton St.

Remarks,

18940004566

RETURN OF A BIRTH. 58768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 5, 1894

4. Place of Birth, (Street and Number) 724 Superior St.

5. Full Name of Mother, Lizzie Robinson

6. Mother's Maiden Name, Lizzie Dent

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Robinson

9. Father's Occupation, Pearster

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return,

Address, 24 Canton St.

Remarks,

8940104567

RETURN OF A BIRTH. 58769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Aug 5th 1894

3. Date of Birth, 1528 E Madison St

4. Place of Birth, (Street and Number) Ellen Daniels

5. Full Name of Mother, " Dgre

6. Mother's Maiden Name, Balto

7. Mother's Birthplace, Joseph Daniels

8. Full Name of Father, Car Maker

9. Father's Occupation, Balto

10. Father's Birthplace, Mrs Julia Groome

Name of Medical Attendant, or other person who makes this Return, 944 N Gay st

Address,

Remarks,

18940004569

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58 770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, August 5

4. Place of Birth, (Street and Number) 729 Banner Str.

5. Full Name of Mother, Mary S. Steinbach

6. Mother's Maiden Name, Mary S. Reinhardt

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Chas. E. Steinbach

9. Father's Occupation, Harness Maker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, H. H. H. H.

Address, 8 1/2 N. E. St. Baltimore

Remarks,

1 8 9 4 0 0 0 4 5 6 9

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, August 5. 11⁴⁵ A. M.

4. Place of Birth, (Street and Number) 577 Dolphin St. near Penna. Ave.

5. Full Name of Mother, Regina Kleinicke,

6. Mother's Maiden Name, Bathe,

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Karl Bruno Kleinicke,

9. Father's Occupation, Engineer.

10. Father's Birthplace, Leipzig - Germany.

Name of Medical Attendant, or other person who makes this Return, Mr. F. M. Hann,

Address, 614 P. Charles Street.

Remarks, _____

1 5 9 4 0 0 0 4 5 7 0

RETURN OF A BIRTH. 58472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Noted to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Aug 5, 1914
 4. Place of Birth, (Street and Number) 405 N. Pat. Park Ave.
 5. Full Name of Mother, Rosa a Snapp
 6. Mother's Maiden Name, Rosa a Moore
 7. Mother's Birthplace, Balto Md.
 8. Full Name of Father, Daniel E. Snapp
 9. Father's Occupation, Minister
 10. Father's Birthplace, Ohio
 Name of Medical Attendant, or other person who makes this Return, Chas. M. Keen
 Address, 405 N. Pat. Park Ave.
 Remarks, _____

18940004571

RETURN OF A BIRTH. 58773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

25 of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth
Female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 3 - 94

4. Place of Birth, (Street and Number)

422 N. Wolfe

5. Full Name of Mother,

Florence M. Burgan

6. Mother's Maiden Name,

" " Getzendanner

7. Mother's Birthplace,

Frederick Md

8. Full Name of Father,

Charles M. Burgan

9. Father's Occupation,

Printer

10. Father's Birthplace,

Balti

Name of Medical Attendant, or other person who makes this Return.

Mrs. Mary A. Allwell

Address,

1438 N. Bond.

Remarks.

18940004572

RETURN OF A BIRTH. 58774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5th of August 94

4. Place of Birth, (Street and Number)

220 Pagson St

5. Full Name of Mother,

Agnes Friedel

6. Mother's Maiden Name,

Agnes Perine

7. Mother's Birthplace,

Pole

8. Full Name of Father,

James Friedel

9. Father's Occupation

Yagler

Father's Birthplace,

Pole

Name of Medical Attendant, or other person who makes this Return,

Friedrich Kessler M.D.

Address,

2116 West Pratt St

Remarks,

16940004573

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 58775-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 5 18 94

4. Place of Birth, (Street and Number)

935 Chapman at Baltimore

5. Full Name of Mother,

Mary B Lewis

6. Mother's Maiden Name,

Meles

7. Mother's Birthplace,

Ashtland Baltimore Co

8. Full Name of Father,

Charles D Lewis

9. Father's Occupation,

Mill operator

10. Father's Birthplace,

Ellicott city

Name of Medical Attendant, or other person who makes this Return.

Address,

Charlotte B Lewis

Remarks,

545 Lucken at Baltimore

18940004574

RETURN OF A BIRTH. 58476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3
- Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)...
3. Date of Birth, Aug. 5 - 1894
4. Place of Birth, (Street and Number) 228 S Ann St.
5. Full Name of Mother, Mary Schmidt
6. Mother's Maiden Name, Cavener
7. Mother's Birthplace, Harrisburgh Pa
8. Full Name of Father, Anton Schmidt
9. Father's Occupation, Drummer
10. Father's Birthplace, Kansas
- Name of Medical Attendant, or other person who makes the Return, Mary Stein
- Address, 1425 E Pratt St
- Remarks,

18940004575

RETURN OF A BIRTH.

58774

To the 'Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

I

Sex, (state whether male or female)...

male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth, Aug 5 1894

4. Place of Birth, (Street and Number)

1022 Lyndhurst Ave, Baltimore, Md

5. Full Name of Mother,

Lizzie Watson

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harry W. Arthur M.D.

Address, 622 W Lombard St

In Road & Phys

Remarks.

18940004576

Noted to the line of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Caucasian
 3. Date of Birth, August 6th
 4. Place of Birth, (Street and Number) 438 732 5th Ave
 5. Full Name of Mother, Laura Mary
 6. Mother's Maiden Name, Waller
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, J. C. Diann
 9. Father's Occupation, Electrician
 10. Father's Birthplace, Illinois
 Name of Medical Attendant, or other person who makes this Return, Dr. H. H. H.
 Address, 818 7th Ave
 Remarks, None

1 8 9 4 0 0 0 4 5 7 7

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 4 5 7 8

RETURN OF A BIRTH. 58780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 6 94

4. Place of Birth, (Street and Number)

455 Orchard St.

5. Full Name of Mother,

Mrs Belle Jones

6. Mother's Maiden Name,

Belle Bengers

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Wm Jones

9. Father's Occupation

Labour

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Dr. Rowland G. M. Seal Hosp

Address,

Remarks.

18940004579

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 6th 1898
4. Place of Birth, (Street and Number) 1412 Division St
5. Full Name of Mother, Mary Edwards
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Edwards
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Heather Cotance
- Address, 509 Preston St
- Remarks,

18940004580

any person who neglects to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any person or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

GIVEN NAME ADDED 2-20-51
RETURN OF A BIRTH 587/82

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Elizabeth D. Johnson*
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *11th*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

6th August 1894

4. Place of Birth, (Street and Number)

1514 Byrd St

5. Full Name of Mother,

Charlie Johnson

6. Mother's Maiden Name,

White

7. Mother's Birthplace,

Delaware

8. Full Name of Father,

William Johnson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Jewell

Address,

436 E Pratt Ave

Remarks,

RETURN OF A BIRTH. 58783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 6 - 1894

4. Place of Birth, (Street and Number) 243 W. Dallas St.

5. Full Name of Mother, Jane Clark

6. Mother's Maiden Name, Gardwin

7. Mother's Birthplace, Ireland

8. Full Name of Father, George Clark

9. Father's Occupation, Laborer

10. Father's Birthplace, Annapolis Md.

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, _____

18940234562

RETURN OF A BIRTH. 58784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
- Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 14 1894
4. Place of Birth, (Street and Number) 950 Hollins St
5. Full Name of Mother, Adeline Schaeffer
6. Mother's Maiden Name, Schaeffer
7. Mother's Birthplace, Germany
8. Full Name of Father, John Schaeffer
9. Father's Occupation, Carver
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940004583

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d.

Sex, (state whether male or female)

Female.

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Aug. 6th 1894

4. Place of Birth, (Street and Number)....

May St. Clifton

5. Full Name of Mother,

Augusta W. Bettie

6. Mother's Maiden Name,

Kreafle

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Charles R. Bettie

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Carroll Co., Md.

Name of Medical Attendant, or other person who makes this Return.

E. L. Shores, M.D.

Address,

2510 Fernside Ave.

Remarks,

8 9 4 0 0 0 4 5 8 4

RETURN OF A BIRTH. 58786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *X 11*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Celoid*
3. Date of Birth, *August 6 1894*
4. Place of Birth, (Street and Number) *744 Ryan St*
5. Full Name of Mother, *Ann Bazelay*
6. Mother's Maiden Name, */*
7. Mother's Birthplace, */*
8. Full Name of Father, */*
9. Father's Occupation, */*
10. Father's Birthplace, */*
- Name of Medical Attendant, or other person who makes this Return, *Harry G. Littley M.D.*
- Address, *622 W Lombard St*
- Remarks, */*

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. -

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 6. 96

4. Place of Birth, (Street and Number) Md General Hosp

5. Full Name of Mother, Katie Thomas

6. Mother's Maiden Name, "

7. Mother's Birthplace, West Virginia

8. Full Name of Father, Not known

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Mr. Rowland

Address, Md General Hospital

Remarks,

8940004586

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 18788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1st
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)... White
3. Date of Birth... Aug 7/94
4. Place of Birth, (Street and Number)... Maternity Hospital, 115 W. Lombard St
5. Full Name of Mother... Bessie Clark
6. Mother's Maiden Name... "
7. Mother's Birthplace... Ma
8. Full Name of Father... Unknown
9. Father's Occupation...
10. Father's Birthplace...
- Name of Medical Attendant, or other person who makes this Return... Alfred J. Gurney M.D.
- Address... 115 W. Lombard St.
- Remarks, ...

8940004587

RETURN OF A BIRTH.

58789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — *2nd*
1. Sex, (state whether male or female). — *Female*
2. Race or Color, (if not of the white race) — *White*
3. Date of Birth. — *Aug 7/94*
4. Place of Birth, (Street and Number) — *Waterside Hospital, 115 W Lombard St*
5. Full Name of Mother, — *Helena Baker*
6. Mother's Maiden Name. — *Ma*
7. Mother's Birthplace, — *Unknown*
8. Full Name of Father, — *—*
9. Father's Occupation — *—*
10. Father's Birthplace. — *—*
- Name of Medical Attendant, or other person who makes this Return, — *Alfred McKenna M.D.*
- Address, — *115 W Lombard St*
- Remarks, — *—*

1 8 9 4 0 0 0 4 5 8 8

RETURN OF A BIRTH. 58790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 7 1894

4. Place of Birth, (Street and Number) 516 Morris Alley.

5. Full Name of Mother, Lizzie Logan

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, Harry G. Allen M.D.

Address, 622 W Lombard St

Remarks,

18940604589

RETURN OF A BIRTH. 58791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 7th 1900*

4. Place of Birth, (Street and Number) *1601 Light St*

5. Full Name of Mother, *Iola B. Rath*

6. Mother's Maiden Name, *B. Melditch*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Lucas J. Rath*

9. Father's Occupation, *Druggist*

Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Mrs. E. A. Brooks*

Address, *1828 Light St*

Remarks, *Living Well*

1 8 9 4 0 0 0 4 5 9 0

any such person as persons who shall hereafter be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 5-13-SS-
RETURN OF A BIRTH. 58792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Zinnel
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth. *August 7th - 1894*
4. Place of Birth, (Street and Number) *Baltimore City 29 E. Barron St.*
5. Full Name of Mother, *Mary Margaret Zinnel*
6. Mother's Maiden Name. *Burgess*
7. Mother's Birthplace. *Baltimore City*
8. Full Name of Father. *Frederick Zinnel*
9. Father's Occupation. *Bookbinder*
10. Father's Birthplace. *Baltimore City*
Name of Medical Attendant, or other person who makes this Return. *Mrs. Barron*
Address. *711 E. Barron St.*
Remarks.

RETURN OF A BIRTH. 58793 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 7, 1894

4. Place of Birth, (Street and Number) 118 Stefford Street

5. Full Name of Mother, Frances Hoot

6. Mother's Maiden Name, Frances Conrad

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles W Hoot

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Frederick City Md

Name of Medical Attendant, or other person who makes this Return, J B Mullins M.D.

Address, 152 Frederick Ave Bk

Remarks,

any such person or persons who shall be convicted of such offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who omit hereafter any to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father,

9. Father's Occupation

● Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return, Friedrich Wilhelm Müller

Address, 2114 West 2nd St.

Remarks,

18940004593

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caution: Each person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 30 - 1900

4. Place of Birth, (Street and Number) 1113

5. Full Name of Mother, Mrs. Minnie

6. Mother's Maiden Name, Minnie

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J. C. Perdue

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, 1138 N. Tulane

Remarks,

1894010-15

RETURN OF A BIRTH 1896

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 7th 1894

4. Place of Birth, (Street and Number)

2233 Barclay

5. Full Name of Mother,

Emma Francis Urban

6. Mother's Maiden Name,

Sprague

7. Mother's Birthplace,

Lancaster, Pennsylvania

8. Full Name of Father,

Robert C. L. Urban

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Ohio

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Dept. of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks

Baltimore 307 E. Lexington

Samuel P. Stewart

Baltimore

Samuel P. Stewart

Baltimore

Baltimore

9th Floor

6940004596

GIVEN NAME ADDED 7-25-56
 RETURN OF A BIRTH. 58798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Albert Cupperley

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Sex, (state whether male or female) - Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug. 8 - 194 -

4. Place of Birth, (Street and Number) 102 + S Poca Street

5. Full Name of Mother, Mary Cupperley

6. Mother's Maiden Name, Mary Walters

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, George Cupperley

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Berger

Address, 711 Green St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58'799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
2. Sex, (state whether male or female) ... *born as boy and girl*
3. Race or Color, (if not of the white race) ...
4. Date of Birth, ... *8 August*
5. Place of Birth, (Street and Number) ... *3633 Miller st*
6. Full Name of Mother, ... *Elise Winkler*
7. Mother's Maiden Name, ... *Schulze*
8. Mother's Birthplace, ... *Balt.*
9. Full Name of Father, ... *Lorenz Winkler*
10. Father's Occupation, ...
11. Father's Birthplace, ... *Balt. Germ.*
- Name of Medical Attendant, or other person who makes this Return, ... *Anna Walker*
- Address, ... *928 N. Cal. St.*
- Remarks, ...

1 8 9 4 0 0 0 4 5 9 8

RETURN OF A BIRTH. 5881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report, in return for and compensation, the sum of one dollar, and the parent above required, and any other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Aug 8

5. Place of Birth, (Street and Number)

1520 Baker

6. Full Name of Mother,

Annie Valkammen

7. Mother's Maiden Name,

1111 Gck

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Frank Valkammen

10. Father's Occupation

Butcher

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Dr. Paulsch

Address,

2859 Fulton Ave

Remarks,

8940004599

RETURN OF A BIRTH. 58800.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report the birth to the Commissioner of Health, in the manner and within the period above required, and
any person who neglects to do so, or who furnishes false information, or who fails to comply with the provisions of this act, shall be sub-
jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

18940004600

RETURN OF A BIRTH 58802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Aug 8th 1894

4. Place of Birth, (Street and Number) 1202 W. Levens St

5. Full Name of Mother, Mary Fowler

6. Mother's Maiden Name, Mary Stephens

7. Mother's Birthplace, Maryland

8. Full Name of Father, Joseph Fowler

9. Father's Occupation, Carpenter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, E. K. Wiley, M.D.

Address, 724 N. Carey St

Remarks,

18940004601

any such person or persons who shall hereunder fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d.
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Aug 9. 2nd 20 A. M.
4. Place of Birth, (Street and Number) 29 Guilford St. S. Balto.
5. Full Name of Mother, Mary Leahy
6. Mother's Maiden Name, O'Neir
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas Leahy
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kone, from the
- Address, Evening Dispensary, 617 S. Charles St.
- Remarks, _____

8940004602

RETURN OF A BIRTH. 58804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d.

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth, August 9 (1st 30 A. M.)

4. Place of Birth, (Street and Number) 1204 Williamstreet

5. Full Name of Mother, Grace Estelle Solley

6. Mother's Maiden Name, Gallina

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William George Solley

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Marie Knapp

Address, The Evening Dispensary, 614 P. Marketstreet

Remarks,

18940004603

RETURN OF A BIRTH.

58805-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 9th 1894 7.05 P.M.
4. Place of Birth, (Street and Number) 1108 Hayford Avenue
5. Full Name of Mother, Mary Alice Gammie
6. Mother's Maiden Name M. Alice Birmingham
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, William C. Gammie
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore Maryland
- Name of Medical Attendant, or other person who makes this Return, H. Henry Chatot M.D.
- Address, * 1111 E. Preston St.
- Remarks, _____

1 8 9 4 0 0 4 6 0 4

RETURN OF A BIRTH. 58806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, August 9th 1894
 4. Place of Birth, (Street and Number) 429 Broadway
 5. Full Name of Mother, Annie Barress
 6. Mother's Maiden Name, Annie Schusser
 7. Mother's Birthplace, Balto Md
 8. Full Name of Father, James Barress
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Balto Md
 Name of Medical Attendant, or other person who makes this Return, Wm Engelhardt
 Address, 1712 Eastern Ave Balto Md
 Remarks, _____

18940004605

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 58807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, August 9th 1894
- Place of Birth, (Street and Number) 219 E. Biddle St
- Full Name of Mother, Lena Breatholdt
- Mother's Maiden Name, Lena E. Lingholdt
- Mother's Birthplace, Balto Md
- Full Name of Father, Philip Breatholdt
- Father's Occupation, Laborer
- Father's Birthplace, Balto Md
- Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt
- Address, 1712 Eastern Ave Balto Md
- Remarks,

18940004606

RETURN OF A BIRTH. 58808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 9 Aug. 1882 Starling St
4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, Eliza Alexander
6. Mother's Maiden Name, Garity
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Alexander
9. Father's Occupation, _____
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. H. Anne Walker
- Address, 928 N. Cal. St.
- Remarks, _____

8 9 4 0 0 0 4 6 0 7

RETURN OF A BIRTH.

58 809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William James Henney
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. August 9th 1894

4. Place of Birth, (Street and Number) Morgan street Hillsville

5. Full Name of Mother, Nora Henney

6. Mother's Maiden Name, Nora Russell

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William J. Henney

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mr. Bange

Address, 711 E. 12th St

Remarks.

within the period above required, except in the cases of the mother and father, of illegitimate children, and any person or persons who shall hereafter be found guilty of the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

58870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

9th August 1894

4. Place of Birth, (Street and Number)

611 E Fort Ave

5. Full Name of Mother,

Kate Howard

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Howard

9. Father's Occupation,

Carpenter & Plumber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Jewell

Address,

436 E Fort Ave

Remarks,

18940004609

RETURN OF A BIRTH. 58811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 4 6 1 0

child to report its birth to the Commissioner of Health, in the manner provided for in the regulations of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Aug 9 - 94

4. Place of Birth, (Street and Number)

46 - E. Hamburg

5. Full Name of Mother,

Mary F. Laconup

6. Mother's Maiden Name,

Mary F. Ma

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Wm. J. Laconup

9. Father's Occupation,

Boatman

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other person who makes this Return.

J. K. Wiley M.D.

Address,

724 N. Henry St.

Remarks,

18940004611

GIVEN NAME ADDED 4-25-60 58813
 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Elizabeth Todd

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Aug 9th 1894
4. Place of Birth, (Street and Number) 619 Third Ave. Hampden
5. Full Name of Mother, Pamela Todd
6. Mother's Maiden Name, Pamela Stewart
7. Mother's Birthplace, Chic
8. Full Name of Father, Fredrick P. Todd
9. Father's Occupation, Banker
10. Father's Birthplace, Syracuse, N. Y.
- Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.
- Address, 421 Roland Ave. Hampden
- Remarks, _____

1 8 9 4 0 0 0 4 6 1 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person acting for him who fails to do so, or who makes a false report, shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *girl 5*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *9 August*

4. Place of Birth, (Street and Number) *1814 Oliver St*

5. Full Name of Mother, *Emilie Dombrowsky*

6. Mother's Maiden Name, *Blum*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Frank Dombrowsky*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940004613

RETURN OF A BIRTH.

5-8815-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Aug 9, 1894
 4. Place of Birth, (Street and Number) 215 W. Biddle St.
 5. Full Name of Mother, Mary E. Gill
 6. Mother's Maiden Name, Oyerly
 7. Mother's Birthplace, Germany
 8. Full Name of Father, George E. Gill
 9. Father's Occupation, City Fire Dept.
 10. Father's Birthplace, Ind.
 Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill
 Address, 1103 Madison Ave.
 Remarks, _____

18940004614

child to report its birth to the Commissioner of Health, in the manner provided in the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-14-59

RETURN OF A BIRTH

58816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

David Levin

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 9 to August - 1894

4. Place of Birth, (Street and Number) E. Lombard St

5. Full Name of Mother, 48 Lame mare st

6. Mother's Maiden Name, Marie Levine

7. Mother's Birthplace, Europe

8. Full Name of Father, Louis Levine

9. Father's Occupation, Refractor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Address, Lina Hoendler

Remarks, 1113 E. Pratt St

1 0 9 4 0 0 0 4 6 1 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kind
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, 9 August 1894
 4. Place of Birth, (Street and Number) 1111 E. Pratt St
 5. Full Name of Mother, _____
 6. Mother's Maiden Name, Sarah Stein
 7. Mother's Birthplace, Europe
 8. Full Name of Father, Joe. W. Stein
 9. Father's Occupation, Barber
 10. Father's Birthplace, Europe
 Name of Medical Attendant, or other person who makes this Return, Lina Hamacher
 Address, 1113 E. Pratt St
 Remarks, _____

8940004513

RETURN OF A BIRTH.

58818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Margaret Augusta

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

August 8, 1894.

4. Place of Birth, (Street and Number)

405 - Precinct St.

5. Full Name of Mother,

Matilda Smith -

6. Mother's Maiden Name,

Stoicke.

7. Mother's Birthplace,

Del.

8. Full Name of Father,

George Smith -

9. Father's Occupation

W.C. R. Callman

10. Father's Birthplace,

Pa.

Name of Medical Attendant, or other person who makes this Return,

Chas. H. Mitchell M.D.

Address,

291 Chestnut Ave

Remarks.

18940004617

child to report it, up to the sum of ten dollars for each child, in case the provisions of this section shall be sub-
any such person who shall hereafter fail to comply with the provisions of this section shall be sub-
ject to the fine of ten dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 58819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 9th 1894
4. Place of Birth, (Street and Number) 1229 Fremont Ave
5. Full Name of Mother, Maud Mickey
6. Mother's Maiden Name, Ziegler
7. Mother's Birthplace, Kansas City, Mo
8. Full Name of Father, John J. Mickey
9. Father's Occupation, Telegraph Operator
- Father's Birthplace, Patterson, Pa
- Name of Medical Attendant, or other person who makes this Return, D. D. Perry M.D.
- Address, 700 E. Chancery St
- Remarks, _____

18940004618

RETURN OF A BIRTH. 58820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *I*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *White*

Date of Birth, *Aug 9, 1894*

Place of Birth, (Street and Number) *Lying in Hospital 622 W Lombard*

Full Name of Mother, *Laura Bell*

Mother's Maiden Name, _____

Mother's Birthplace, _____

Full Name of Father, _____

Father's Occupation, _____

Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, *Harry Arthur M.D.*

Address, *622 W Lombard St*

Remarks, *Dr Resdt Phys*

18940004619

RETURN OF A BIRTH. 58821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *I*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 10/94*

4. Place of Birth, (Street and Number) *1617 E. Eager St.*

5. Full Name of Mother, *Marina Gullbin*

6. Mother's Maiden Name, *Balto.*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, *Mrs. Deisenhofer*

Address, *2225 Gough Str.*

Remarks, *(Single)*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Children

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, 16th August

5. Place of Birth, (Street and Number) No 212 West Baltimore

6. Full Name of Mother, James A. Smith

7. Mother's Maiden Name, James A. Smith

8. Mother's Birthplace, Baltimore

9. Full Name of Father, James A. Smith

10. Father's Occupation, Farmer

11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. J. A. Smith

Address, 2112 West St

Remarks, This is a Son of the first of my kind

My kind 8 8 2 2 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

58823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th August 1894

4. Place of Birth, (Street and Number) 1207 Charles St.

5. Full Name of Mother, Carrie E. Line

6. Mother's Maiden Name, Hunt

7. Mother's Birthplace, Balt.

8. Full Name of Father, Frederick E. Line

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Balt.

Name of Medical Attendant,

or other person who makes this Return,

Mrs E A Brooks

Address, 1228 Light St

Remarks, Baby Well

18940004622

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Anthony Wiseman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 10, '94

4. Place of Birth, (Street and Number)

810 W. Bond St

5. Full Name of Mother,

Kate Wiseman

6. Mother's Maiden Name,

Betz

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

J. M. Wiseman

9. Father's Occupation,

Collector

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other person who makes this Return,

Caroline Miller

Address,

1603 Walker St

GIVEN NAME ADDED.

8-5-52

Remarks,

18940004623

RETURN OF A BIRTH. 58825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 August
4. Place of Birth, (Street and Number) 1029 1/2 East Ave.
5. Full Name of Mother, Mary Haub
6. Mother's Maiden Name, Lecker
7. Mother's Birthplace, Balt.
8. Full Name of Father, Valentine Haub
9. Father's Occupation, Taylor
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Anna Walther
- Address, 728 N. East Ave.
- Remarks,

1 8 9 4 0 0 0 4 6 2 4

attendance upon the mother, immediately before, during, and after the birth of the child, in the manner and within the period above required, and shall report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and shall be subject to the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

August 10th 1894

4. Place of Birth, (Street and Number)

1218 S. Sharp st

5. Full Name of Mother,

Mary Elizabeth Kotmair

6. Mother's Maiden Name,

Mary Elizabeth Dreisch

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

David Philip Kotmair

9. Father's Occupation

Glassblower

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other person who makes this Return.

Mrs Burige

Address.

711 E. Baltimore St.

Remarks.

any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁵⁸⁸²

GIVEN NAME ADDED 4-24-57
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Harry Alexander Simmont*
No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3d

1. Sex. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,.....

10th August 1894

4. Place of Birth, (Street and Number)

142 5th Henry St

5. Full Name of Mother,

Mary E. Simmont

6. Mother's Maiden Name,

Rosman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry J. Simmont

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Jewell

Address,

436 E. Front Ave

Remarks,.....

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Margaret Washburn*

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 10th 1894.

4. Place of Birth, (Street and Number)

136 E. Cross St.

5. Full Name of Mother,

Maggie W. Walther.

6. Mother's Maiden Name,

" " Monell

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

Harry Walther.

9. Father's Occupation

Clerk.

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other person who makes this Return,

R. J. N. Tall. M.D.

Address,

524 Sharp St.

Remarks,

18940004627

RETURN OF A BIRTH.

58829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female)
3. Race or Color, (if not of the white race)
4. Date of Birth,
5. Place of Birth, (Street and Number)
6. Full Name of Mother,
7. Mother's Maiden Name,
8. Mother's Birthplace,
9. Full Name of Father,
10. Father's Occupation,
11. Father's Birthplace,
12. Name of Medical Attendant, or other person who makes this Return,
13. Address,
14. Remarks,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 10/94

4. Place of Birth, (Street and Number)

123 Biddle Str. (Eit.)

5. Full Name of Mother,

Annie Berthel

6. Mother's Maiden Name,

Gross

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John Berthel

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Dissenhofer

Address,

2225 Gough Str.

Remarks,

RETURN OF A BIRTH. 58830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 6 A.M. Aug 10/94
 4. Place of Birth, (Street and Number) 1006 Light St.
 5. Full Name of Mother, Jennie Hayden Harrison
 6. Mother's Maiden Name, Jennie Hayden
 7. Mother's Birthplace, Richmond, Va.
 8. Full Name of Father, John S. Harrison
 9. Father's Occupation, Employee of B & O R.R.
 10. Father's Birthplace, Calvert Co., Md.
 Name of Medical Attendant, or other person who makes this Return, Edw. C. Applegarth, M.D.,
 Address, 8 E Montgomery St.
 Remarks, Labor normal. No puerperal trouble

15940004629

RETURN OF A BIRTH. 37831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter be convicted of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4.
1. Sex, (state whether male or female)..... male.
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... 10. August 8/94
4. Place of Birth, (Street and Number)..... 128. Robinson street.
5. Full Name of Mother,..... Margaretta Wick
6. Mother's Maiden Name,..... The Rev.
7. Mother's Birthplace,..... Germany
8. Full Name of Father,..... Johan Wick
9. Father's Occupation,..... Laborer
10. Father's Birthplace,..... Germany
- Name of Medical Attendant, or other person who makes this Return,..... Allen D. Lierseman
- Address,..... 128.5 Park street.
- Remarks,.....

18940004630

RETURN OF A BIRTH. 5832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 to 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 August
4. Place of Birth, (Street and Number) 208 E. Pratt St
5. Full Name of Mother,
6. Mother's Maiden Name, Doe Klinsensky
7. Mother's Birthplace, European
8. Full Name of Father, V. Klinsensky
9. Father's Occupation, Store Keeper
10. Father's Birthplace, European
- Name of Medical Attendant, or other person who makes this Return,
- Address, Lina Thomsen
- Remarks, 113 E. Pratt St

child to report its birth to the Commissioner of Health, in the manner and within the time hereinabove required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11 August

4. Place of Birth, (Street and Number)

1133 Light St

5. Full Name of Mother,

Josephine Kasty

6. Mother's Maiden Name,

Schubert

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Thomas H Kasty

9. Father's Occupation

Carpenter

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other person who makes this Return,

Mrs E R Brackley

Address,

1528 Light St

Remarks,

Living well

18940004632

Child to report its birth to the Commissioner of Health, in the manner and within the time and under the penalty above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to the fine and penalties provided in the act, and shall be liable to the fine and penalties provided in the act, and shall be liable to the fine and penalties provided in the act.

RETURN OF A BIRTH. 58834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 11, 1894.

4. Place of Birth, (Street and Number) 924 Canton St.

5. Full Name of Mother, Maggie E. Benhauser.

6. Mother's Maiden Name, Maggie Debalis.

7. Mother's Birthplace, Arto.

8. Full Name of Father, Henry E. Benhauser.

9. Father's Occupation, Sailor

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Drayton

Address, 824 Canton St.

Remarks,

18940004633

RETURN OF A BIRTH. 58835-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report the birth to the Commissioner of Health for the City of Baltimore and within the period above required, any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 4 6 3 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

(over)

RETURN OF A BIRTH. 58836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Killian Bosse
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *II*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug. 11/94*
4. Place of Birth, (Street and Number) *33 N. Washington St.*
5. Full Name of Mother, *Dorothea Sora Bosse*
6. Mother's Maiden Name, *Fleckenstein*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Henry Bosse*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Balto.*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Geisenhofer*
Address, *2225 Gough St*
Remarks,

GIVEN NAME ADDED 4-8-56
RETURN OF A BIRTH.

58837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Marshall ~~Wallis~~ 7th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 11th 1894

4. Place of Birth, (Street and Number)

1916 W. Lafayette ave

5. Full Name of Mother,

Mary A. Wallis

6. Mother's Maiden Name,

" Mapp

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

George Edward Wallis

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Dr. E. Gilboush M.D.

Address,

1102 W. Lafayette ave

Remarks,

child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

18940004636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Second
Male

White

11th August

1405 W. Lexington

Grace Shelton

Grace Price

Maryland

Fred. Shelton

Ship Master

Maryland

J. A. Seligman M.D.

735 W. Lombard St.

18940004537

GIVEN NAME ADDED. 10-3-25
 RETURN OF A BIRTH. 58839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Bessie ~~Henry~~

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 U 0 0 4 6 3 8

child to report its birth to the Commis-sioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be liable to a fine not exceeding ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

at certificate from the mother, book, etc., before the child is born, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be fined and forfeitures are recoverable, to the full of ten dollars for each offence, to be recovered in any court of competent jurisdiction.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 11

4. Place of Birth, (Street and Number) 11 Harrison St

5. Full Name of Mother, Maria Joseph

6. Mother's Maiden Name, Reichel

7. Mother's Birthplace, Prussia

8. Full Name of Father, Joseph Joseph

9. Father's Occupation, Laborer

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, Dr. P. M. King

Address, 1302 E. Lexington St

Remarks,

18940004639

RETURN OF A BIRTH

5884/over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Samuel Friedlander

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd.

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White (Russian)

3. Date of Birth,

Aug. 11. 1894.

4. Place of Birth, (Street and Number)

244 N. Bruer St

5. Full Name of Mother, *Sophia Anna Cohen Friedlander*

6. Mother's Maiden Name, *Sophia Anna Cohen*

7. Mother's Birthplace,

Rossia

8. Full Name of Father,

Max Friedlander

9. Father's Occupation,

Button Hole Maker

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return,

J. W. Slater, M.D.

Address,

1634 N. Bayath St.

Remarks,

18940004640

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and may, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

child reported its birth to the Commissioner of Health, in the manner and within the period above required, and
person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C.

Carl Louis Wille

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

11th St. N. W.

1324 W. Pratt

Wilhelmina Wille

Wilhelmina Wagner

Germansburg

Louis H. Wille

Mechanics

Germansburg

Friedrich Heuler Midwife

2116 West Pratt St.

1 8 9 2 0 0 0 4 6 4 1

RETURN OF A BIRTH. 57 43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 4 6 4 2

RETURN OF A BIRTH. 58844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child or report its birth to the Commissioner of Health, in the manner and with the fees and penalties above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, August 11/94
 4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Lombard St.
 5. Full Name of Mother, Rette Lang
 6. Mother's Maiden Name, "
 7. Mother's Birthplace, South Carolina
 8. Full Name of Father, Unknown
 9. Father's Occupation, "
 10. Father's Birthplace, "
 Name of Medical Attendant, or other person who makes this Return, Alfred Gundry M.D.
 Address, 115 W. Lombard St.
 Remarks, _____

18940004643

RETURN OF A BIRTH.

588/46

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Registrar of Births, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 13 1894

4. Place of Birth, (Street and Number)

1412 N. Henry St.

5. Full Name of Mother,

Carrie Grace

6. Mother's Maiden Name,

Hinton

7. Mother's Birthplace,

Bath

8. Full Name of Father,

Harry Grace

9. Father's Occupation

Mechanic

10. Father's Birthplace,

Bath

Name of Medical Attendant, or other person who makes this Return,

M. H. Carter, M.D.

Address,

1800 N. B. St.

Remarks,

18940004644

RETURN OF A BIRTH.

58846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child in report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be liable for the same, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, August 12th
- Place of Birth, (Street and Number) 313 S. Durham Street
- Full Name of Mother, Mary Dittmer
- Mother's Maiden Name, Mary Dittmer
- Mother's Birthplace, Baltimore Md
- Full Name of Father, Jack Dittmer
- Father's Occupation, Bag Merchant
- Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt
- Address, 1212 Eastern Ave Baltimore Md
- Remarks, _____

18940004645

RETURN OF A BIRTH.

58847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who makes a false statement, or who neglects to file a true and correct statement, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *II*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 12/94*

4. Place of Birth, (Street and Number) *524 S. Montford Ave.*

5. Full Name of Mother, *Annice Schmitt*

6. Mother's Maiden Name, *Buth*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *John Schmitt*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Mrs. Leisnerhofer
2235 Long St.

1 8 9 4 0 0 0 4 6 4

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *12 of August*
4. Place of Birth, (Street and Number) *1269 Riverside Ave City*
5. Full Name of Mother, *Fannie Ellen Webb*
6. Mother's Maiden Name, *Fannie Ellen Lampkin*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Alton E Webb*
9. Father's Occupation, *Musician*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Lina Miller Midwife*
- Address, *1600 Holbrook St City*
- Remarks,

1 8 9 4 0 0 0 4 6 4 7

RETURN OF A BIRTH. 58849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period as we require, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 12th 1894
4. Place of Birth, (Street and Number) Baltimore (Ranger Ave.)
5. Full Name of Mother, Catherine G. McLean
6. Mother's Maiden Name, Catherine G. Rohr.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Joseph G. McLean.
9. Father's Occupation, Mechanic.
10. Father's Birthplace, Newford Co. Md.
- Name of Medical Attendant, or other person who makes this Return, John S. Pennington M.D.
- Address, 1716 Linden Ave.
- Remarks, _____

588490004648

RETURN OF A BIRTH 58850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth,
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father,
 9. Father's Occupation,
 10. Father's Birthplace,
 Name of Medical Attendant, or other person who makes this Return.
 Address,
 Remarks,

Sixth
 male
 white

Aug 12 " 24
 1513 Ramsey Street
 Elizabeth Keyser
 " Yentner
 Baltimore
 Henry Keyser
 Hilder
 Germany
 Eleasree m. v.
 830 Columbia ave

1 8 9 4 0 0 0 4 6 4 9

RETURN OF A BIRTH. 58857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12th of August 94

4. Place of Birth, (Street and Number)

24 Young St

5. Full Name of Mother,

Caroline Schlenz

6. Mother's Maiden Name,

Pauline Gieseler

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Johann Schlenz

9. Father's Occupation

Bäcker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Friedrich Hecker M.D.

Address,

216 West Pratt St

Remarks,

18940004650

RETURN OF A BIRTH. 58852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.

Name, Anna Rosina Wittich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)-*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

attendance upon the mother, immediate thereafter it shall become the duty of the person or persons of such family to report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and such child to report no birth to the Commissioner of Health, in compliance with the provisions of this section shall be adjudged to be persons who have committed an offense, to be recovered as other fines and forfeitures are recoverable, and any child of ten (10) years or less at such offense, to be recovered as other fines and forfeitures are recoverable.

8 9 4 0 0 0 4 6 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter, shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 12th - 94

4. Place of Birth, (Street and Number)

1723 Riggs Baltimore Md

5. Full Name of Mother,

Addie Munson

6. Mother's Maiden Name,

Addie Jackson

7. Mother's Birthplace,

St Louis Mo

8. Full Name of Father,

Chas F Munson

9. Father's Occupation,

U.S. Postal Clerk

10. Father's Birthplace,

Richmond Va

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary J. Shockey

Address,

731 Conshohocken St

Remarks,

18940004652

8 9 4 0 0 0 4 6 5 3

RETURN OF A BIRTH. 58873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 5th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 August
4. Place of Birth, (Street and Number) 1800 Harrison St
5. Full Name of Mother, Mary ~~Thompson~~ Squires
6. Mother's Maiden Name, Haffs
7. Mother's Birthplace, Ill. to
8. Full Name of Father, George Squires
9. Father's Occupation, Painter
10. Father's Birthplace, Ill. to

Name of Medical Attendant, or other person who makes this Return, Mrs. C. A. Brooks

Address, 1525 Legat St.

Remarks, —

8 9 4 0 0 0 4 6 5 4

Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance without the attendance of the practitioner, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

4
Male

Aug. 15th 1894

520 E. Main St.

Annie Ruly
Buenker

Baltimore

Stephen Ruly
Laborer

Baltimore

Mary Stein

1427 E. Pratt St.

18940004655

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall be reported to the office of the Commissioner of Health, of any city, town or village, of this State, and no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the practitioner attending such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58875-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 15/94
4. Place of Birth, (Street and Number) 2307 Eastern Ave.
5. Full Name of Mother, Annie Mueller
6. Mother's Maiden Name, " Magair
7. Mother's Birthplace, Balto.
8. Full Name of Father, Otto Mueller
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.
Name of Medical Attendant, or other person who makes this Return, _____
Address, Mrs. Deisenhofer
Remarks, 2325 Lough Str.

116. The schedule shall contain a list of the births which have been announced by the Commissioner of Health, and shall set forth as far as the name can be ascertained, the full name of each child, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of a month, the practitioner shall report the birth to the Commissioner of Health, in the manner and within the period above provided, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parent or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided; and any such person or persons who shall neglect to do so, shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 15th

4. Place of Birth, (Street and Number) 1619 N. Carey St.

5. Full Name of Mother, Elizabeth Lou Camacho

6. Mother's Maiden Name, Elizabeth Lou Houch

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William H. Camacho

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, _____

Address, Mrs. Mary J. Shockney

Remarks, 731 Cumberland St.

58877

Baltimore City.

21

Mace

Aug 15 1894

1427 W. Galt St. S.H.

Mollie K. Jusswald

Deer

Frye Co. Ind

to the L. Dugwald

Hatters

103 a (10)

or other person who makes this Return.

14380 *Panicum*

1000

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Henry Hofstetter
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.):

First
Male

1. Sex, (state whether male or female).. Male
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... Aug 15-94
4. Place of Birth, (Street and Number)..... 2035 Jefferson St
5. Full Name of Mother,..... Maggie Hopstetter
6. Mother's Maiden Name,..... " Lautenklaus
7. Mother's Birthplace,..... Balt
8. Full Name of Father,..... John Hopstetter
9. Father's Occupation,..... Bookster
10. Father's Birthplace,..... Md
- Name of Medical Attendant, or other person who makes this Return,..... Mrs Mary A. Ellwell
- Address,..... 1438 N Bond
- Remarks,.....

8 9 4 0 0 0 4 6 5 9

58880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

VIII

Girl

White

Aug. 15/94

507 E. Bradford St.

Emilie Roesse

Hoffmann

Germany

Ewald Böse

Carpenter

Gessner

Mrs. Deisenhofer
2325 Lough Pk.

2325 Lough Str.

894000466

This schedule shall contain a full and true statement of the birth, which have occurred under his or her name during the month, and in all set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall occur without any fee or charge. If the practitioner is a physician or practitioner of midwifery, or should no other person be in the family, he or she shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be fined or subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940004062

GIVEN NAME ADDED 3-18-52
A BIF

5888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics
 Anna Johanna Kammerer
 No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
 Female

Female

August 15 '94

9415 Washington

Maggie Chamberlain
Dittman

Wilson

Germany

Fred Schuster

Czytaker

Ferguson

Barolys, Edward
D. H. H.

16.25 (Kalkreis)

Remarks,

~~8.940004663~~

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

58883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug. 15, 1894

4. Place of Birth, (Street and Number) 1913 N. Fulton ave.

5. Full Name of Mother, Clara E. Weech

6. Mother's Maiden Name, Ashley

7. Mother's Birthplace, D. C. Weech, Jr.

8. Full Name of Father, Minister

9. Father's Occupation, md.

10. Father's Birthplace, G. Lane Taneyhill

Name of Medical Attendant, or other person who makes this Return, 1103 Madison Ave.

Address, _____

Remarks, _____

any such person who shall have been conferred its sex, color, and shall act forth as far as the same shall be required to be reported to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

18940004554

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the date and place of birth, and the name of the person to whom the child has been committed for care during the month. It shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of the month following the birth of the child, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person in whose custody the child is placed shall immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, dc.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 15th 911
4. Place of Birth, (Street and Number) 612 Sarah Ann St.
5. Full Name of Mother, Sarah Robinson
6. Mother's Maiden Name, Henson
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Wm. H. Robinson
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto. Co. Md.
- Name of Medical Attendant, or other person who makes this Return, William Stroh M.D.
- Address, 1304 W. Lafayette ave.
- Remarks, _____

RETURN OF A BIRTH. 58885-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attending _____ or other person who makes this Return.

Address. 575

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 58886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address, 622 W Lombard St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

6 9 4 0 3 8 4 6 6 7

RETURN OF A BIRTH. 5888/

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes the Return

Address.

Remarks.

person, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall be born, and the date and place of birth, and the date and place of death, if any child shall die, and the date and place where the same was conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the full schedule date delivered; signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall be required to appear before the Commissioner of Health, in person, and within the period above specified, to file with him a certificate, in the manner and within the period above specified, of the birth of such child, and if any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars (and such offence, to be covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 15/94
4. Place of Birth, (Street and Number) Nashville
5. Full Name of Mother, Annie Brown
6. Mother's Maiden Name, "
7. Mother's Birthplace, N.Y.
8. Full Name of Father, Unknown
9. Father's Occupation _____
10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Alfred J. Greenberg, M.D.

Address, 115 W Lombard St

-Remarks, _____

[illegible]

8 9 4 0 0 0 4 6 6 9

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) in sex, color, the full names of its parents, the date and place of birth; and the day of the month and year in which it was born, and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother or person attending her shall cause the birth of such child to be reported to the office of the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 588 P8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Aug 17/98

4. Place of Birth, (Street and Number) Free Living Hospital 672 W Lombard St

5. Full Name of Mother, Julia Blake

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harold Arthur M.D.

Address, 672 W Lombard St & Resd + Phys

Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex.* (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 4 6 7 1

NOTE: If a child be born as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, whether it be male or female, the date and place of birth; and the name of the mother, and the name of the father, shall be entered by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the mother to report the birth of the child to the Commissioner of Health, and within the period above required, and to file a certificate in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth, Aug 16/94

4. Place of Birth, (Street and Number)

Mt. Lying In Hospital 622 Lombard

5. Full Name of Mother,

Mrs. Theresa Gray

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Harry V. Arthur, M.D.

Address, 622 W. Lombard St.

Dr. Res. H. Phys.

Remarks,

RETURN OF A BIRTH. 58892 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth. August 16 / 94

4. Place of Birth, (Street and Number) 806 Eastern Ave

5. Full Name of Mother, Maria Sarco

6. Mother's Maiden Name, Maria Padone

7. Mother's Birthplace, Misagiello Italy

8. Full Name of Father, Joseph Sarco

9. Father's Occupation, Laborer

10. Father's Birthplace, Misagiello Italy

Name of Medical Attendant, or other person who makes this Return, Palma Samarella

Address, 336 Hemmers Alley

Remarks, Child's name to be Michele Padone

been conferred) its sex, color, the full name of each child, (if any shall have said certificate shall be delivered, duly signed, to the father, mother, or person in charge of the child, and the date and place of birth, and the name of the medical attendant, or other person who makes this return, and the name of the person or persons who shall hereafter fall to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 4 6 7 4

1. For each child born, a list of the births which have occurred under his or her care during the month, and shall set forth, in the form of a certificate between the first and the third day of each and every month of a physician or practitioner of midwifery, or husband, or parents of such child, shall report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 15 June 1901

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Sarah Boulanger

6. Mother's Maiden Name, Boulanger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Boulanger

9. Father's Occupation, Stone

10. Father's Birthplace, France

Name of Medical Attendant, or other person who makes this Return, Mrs. D. H. Briggs

Address, 202 E. Lexington

Remarks,

8940004675

RETURN OF A BIRTH. 58895-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant: or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 4 6 7 6

RETURN OF A BIRTH. 58896
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race) AUGUST

3. Date of Birth, 7/10/1900

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

8. *Mother's Maiden Name,*

7. *Mother's Birthplace.*—

8. *Full Name of Father*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person making this Return

Address.

Remarks

84400104677

[illegible]

month, and shall set forth as far as the law requires, the date, time, place, and cause of the birth, and shall be signed by the mother, or by the father, or by the physician, or by the midwife, or by the person who has been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of the birth, and shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or father, or the person who has been conferred its sex, color, the full name and occupation of its parents, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 16th 94
4. Place of Birth, (Street and Number) 865 Forest St
5. Full Name of Mother, S. A. Moore
6. Mother's Maiden Name, S. A. Miller
7. Mother's Birthplace, Mo
8. Full Name of Father, Sam Moore
9. Father's Occupation, Laborer
10. Father's Birthplace, Ind.
Name of Medical Attendant, or other person who makes this Return, H. Robinson M.D.
Address, 726 E. Preston St
Remarks, _____

18940004678

RETURN OF A BIRTH. 58898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth, Aug. 16. (8th 15th M.).

4. Place of Birth, (Street and Number) 12 Goulds Lane, P. Balto.

5. Full Name of Mother, Laura Johann Geisler.

6. Mother's Maiden Name, Brown.

7. Mother's Birthplace, Baltimore Mt.

8. Full Name of Father, Frank Francis Geisler.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Baltimore Mt.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne, from

Address, Evening Dispensary, 614 S. Charles Street.

Remarks,

shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred, its sex, color, the full name and occupation of its parents, the place and date of birth, the date of delivery, the date of registration, the date of the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of and child to report its birth to the Commissioner of Health, in the manner and to the persons named in the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nelen Victoria Tarlton
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *g d.*

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race).
3. Date of Birth, *Aug. 16. (10³ 45 P.M.) 1894*
4. Place of Birth, (Street and Number) *2237. Muradstreet,*
5. Full Name of Mother, *Nelen, Lincoln Tarlton,*
6. Mother's Maiden Name, *Funes,*
7. Mother's Birthplace, *Mary Louisa. Md.*
8. Full Name of Father, *George, Charles Tarlton,*
9. Father's Occupation, *Cademaker,*
10. Father's Birthplace, *Mary Louisa. Md.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. W. Kanne, from the*

Address, *Evening Dispensary, 614 P. Charles Street.*

Remarks, .

18940604580

month, and shall set forth as far as the same can be ascertained under his or her care during the said schedule shall be delivered, duly attested by the practitioner in the form of a certificate between the first and third day of each and every month, and shall be filed in the office of the Commissioner of Health, should no other person be in attendance of a physician or practitioner of health, in the manner and within the period above required, who shall occur upon the mother, immediately thereafter fail to comply with the provisions of this act, and any such person or persons shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable, excepted to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 16/94
4. Place of Birth, (Street and Number) Maternity Hospital 115 W Lombard St
5. Full Name of Mother, Carrie Begner
6. Mother's Maiden Name, "
7. Mother's Birthplace, Me
8. Full Name of Father, Unknown
9. Father's Occupation, —
10. Father's Birthplace, —
- Name of Medical Attendant, or other person who makes this Return, Alfred Hamdy M D
- Address, 115 W Lombard St
- Remarks, —

18940004681

58901

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and a schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the mother or parents of such child shall report its birth to the health officer of the city, town or village in which the child was born, and shall, hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars, and such offense, to be recovered as other fines and forfeitures are recoverable.

4

Male

Black

Aug 17, 1994

1894
Free Lying In Hospital 624 W. Lombard

Hannie Robinson

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Harry N. Arthur M.D.

For Rent or Sale

month, and shall set forth as far as the name can be ascertained the full name of each child; if any shall have been conferred its sex, color, the full name and occupation of its parents, and the date of its birth, and the said certificate shall be delivered, duly signed, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending upon the mother to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be entitled to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 17th 1894

4. Place of Birth, (Street and Number) 1741 E. Lombard St.

5. Full Name of Mother, Lucie Günther

6. Mother's Maiden Name, Lucie Harrisburg

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Chas. Günther

9. Father's Occupation, Woodturner

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Britton, M.D.

Address, S. W. Cor. Calvert & Preston Sts

Remarks,

18940004683

RETURN OF A BIRTH. 58903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W. C.

3. Date of Birth, May 17, 1872

4. Place of Birth, (Street and Number) 125 Chestnut St

5. Full Name of Mother, Jane S. Carpenter

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank A. Bell

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. J. K. Bell

Address, 122 Baltimore Ave

Remarks,

8 9 4 0 0 0 4 6 8 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed and attested, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and the mother and the father shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, August 7, 94

4. Place of Birth, (Street and Number) 1515 E. Lombard St

5. Full Name of Mother, Lavinia Spencer

6. Mother's Maiden Name, " McEwen

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Wm. Mansker

9. Father's Occupation, Baker

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Chalkers

Remarks, _____

18940004685

mother, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been ascertained its sex, color, the full name and occupation of its parents, the date and place of birth; and the child shall be registered by the practitioner in the form of a certificate between the first and the third day of each and every month to which the child is born, and shall be the duty of the practitioner of midwifery or any other person attending upon the mother, immediately thereafter, it shall become the duty of the person or persons attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person neglecting to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 17th August
4. Place of Birth, (Street and Number) 133 West 11
5. Full Name of Mother, Louisie Harshole
6. Mother's Maiden Name, Oliver
7. Mother's Birthplace, Exeter
8. Full Name of Father, Henry Harshole
9. Father's Occupation, Engineer
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, J. C. Dulany
- Address, 1000 E. Baltimore
- Remarks,

58908

months, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the last and first of each and every month to the officer in charge of the office of vital statistics, in case the birth of any child shall occur within the month, and in case no child is born, the officer in charge of the office of vital statistics shall return the schedule to the practitioner, immediately thereafter, it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars on each offense, to be recovered in other than and forfeitures are recoverable.

RETURN OF A BIRTH. 58906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 17, 1890

4. Place of Birth, (Street and Number) Baltimore St. East

5. Full Name of Mother Kate H. Cherry

6. Mother's Maiden Name Kate H. Shick

7. Mother's Birthplace Baltimore

8. Full Name of Father Harrison Cherry

9. Father's Occupation Carpenter

10. Father's Birthplace Prince George Co. Md

Name of Medical Attendant, or other person who makes this Return Mrs. M. K. Cherry

Address 1022 Hollister St.

Remarks

1 8 9 4 0 0 0 4 6 8 7

been conferred.) Is sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the art and said child, and in which every woman or child shall be registered, and the name of the practitioner or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 17 1894

4. Place of Birth, (Street and Number)

417 S. Chester St.

5. Full Name of Mother,

Louise Schmitt

6. Mother's Maiden Name,

Gehrhart

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John J. Schmitt

9. Father's Occupation,

Shoe - Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other person who
made this Return

Mary Stein

Address,

1427 E. Pratt St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth, the date and place of death, the date and place of burial, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person who shall have knowledge of the birth of such child shall be bound to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Aug. 17th 1894*
4. Place of Birth, (Street and Number) *666 W. Mulberry St.*
5. Full Name of Mother, *Mary Gurris*
6. Mother's Maiden Name, *Mary Ellwanger*
7. Mother's Birthplace, *Pa.*
8. Full Name of Father, *John Gurris*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Charles F. Behler*
- Address, *805 North Charles St.*
- Remarks, _____

RETURN OF A BIRTH. 58909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 17th 1894*
4. Place of Birth, (Street and Number) *715 B. E. Avenue St.*
5. Full Name of Mother, *Amie Callahan*
6. Mother's Maiden Name, *Hootman*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Callahan*
9. Father's Occupation, *Stone Cutter*
10. Father's Birthplace, *Philadelphia Pa*
- Name of Medical Attendant, or other person who makes this Return, *W B Perry M.D.*
- Address, *700 B. E. Avenue St.*
- Remarks,

58940004690

RETURN OF A BIRTH. 58910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 7

1. Sex, (state whether male or female).. Male

2. Race or Color, (if not of the white race) - White

3. Date of Birth, 17 August 1894

4. Place of Birth, (Street and Number) 524 "Castle" St

5. Full Name of Mother, Donna Pines

6. Mother's Maiden Name, Seni Hanus

7. Mother's Birthplace, Bahamas

8. Full Name of Father, Josef Vemeg

9. Father's Occupation Artist

10. *Father's Birthplace,* Bohmen

Name of Medical Attendant, or other person who makes this Return, Alaisia Senter

Address, 100 Durham St

8 9 4 0 0 0 4 6 9

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

589125
24

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ninth child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Aug. 17. 1894*
4. Place of Birth (Street and Number) *1217 Balto St*
5. Full Name of Mother *Frances Griffin*
6. Mother's Maiden Name *Curry*
7. Mother's Birthplace *L. A. Co. Md.*
8. Full Name of Father *Bursey Griffin*
9. Father's Occupation *Coal Carrier*
10. Father's Birthplace *Eastern Shore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Le. Jones*
- Address *1121 South St*
- Remarks.

1040004692

RETURN OF A BIRTH. 58912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 17 of August 1894

4. Place of Birth, (Street and Number) 2204 Otting St

5. Full Name of Mother, Alice Cotnam

6. Mother's Maiden Name, Alice Henry

7. Mother's Birthplace, Richmond, Virginia

8. Full Name of Father, Arthur Cotnam

9. Father's Occupation, Knight Watchman

10. Father's Birthplace, Indiana

Name of Medical Attendant, or other person who makes this Return, Sarah E. Det

Address, 2204 Otting St

Remarks,

1 8 9 4 0 0 8 4 6 9 3

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall live), the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the date and place of birth of the mother, in case the birth of any child shall occur without the attendance of a physician or other person duly qualified to make the same, the mother shall become the duty of the person or persons of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58913 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 8 - 17 - 94 -

4. Place of Birth, (Street and Number) 13 Church St. West

5. Full Name of Mother, Adeline Duffine

6. Mother's Maiden Name, Adeline Johnson

7. Mother's Birthplace, Westmeadland Co. Va

8. Full Name of Father, Thomas Duffine

9. Father's Occupation, Laborer

10. Father's Birthplace, Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return, Pollock

Address, Evening Dispensary 614 S Charles

Remarks,

8940004694

been conferred its sex, color, the full name and designation of its parent, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or parent shall be liable to a fine of ten dollars for each person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth: 18 of August 1894

4. Place of Birth, (Street and Number) 822 Hampden St.

5. Full Name of Mother, Virginia Annie Hill

6. Mother's Maiden Name, Virginia A. Barnes

7. Mother's Birthplace, Mayfair Hale Richmond VA

8. Full Name of Father, David James Hill

9. Father's Occupation, Cookman

10. Father's Birthplace, Cambria Md

Name of Medical Attendant, or other person who makes this Return, Joseph E. Set

Address, 2206 E. 11th St

Remarks, _____

+ 8 9 4 0 0 0 4 6 9 5

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately after the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the physician or practitioner of midwifery, of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 children

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 April

4. Place of Birth, (Street and Number) 123 West st

5. Full Name of Mother, Maggie Baumman

6. Mother's Maiden Name, Seabrook

7. Mother's Birthplace, Balto

8. Full Name of Father, Paul Baumman

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs E P Brooks

Address, 1828 Light st

Remarks, Very Well

6940004695

RETURN OF A BIRTH. 58916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of its birth, the name of the practitioner in the said schedule shall be delivered, duly signed by the practitioner in the said schedule, to the Office of Health, on or before the first and third day of each and every month to the office of Health, or practitioner of midwifery, or should no other person be in attendance upon the birth, to the Commissioner of Health, in the manner and within the time specified in the said schedule. Any person who fails to report a birth to the Commissioner of Health, or any such person or persons who shall hereafter fail to do so, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 18 '91

4. Place of Birth, (Street and Number) 519 N. Patterson Street

5. Full Name of Mother, Louise Cunningham

6. Mother's Maiden Name, Cunningham

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Louis Cunningham

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Carolyn Miller

Address, 1605 Walker St

Remarks,

18940004697

RETURN OF A BIRTH. 58917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 August 1894
4. Place of Birth, (Street and Number) 2232 Canton St
5. Full Name of Mother, Hedi Bolfer
6. Mother's Maiden Name, Hedi Meller
7. Mother's Birthplace, Baltimore, M. D.
8. Full Name of Father, Anton Bolfer
9. Father's Occupation, Schmolder
10. Father's Birthplace, Baltimore, M. D.
- Name of Medical Attendant, or other person who makes this Return, Ellen Smith
- Address, 504 St Washington St
- Remarks, _____

8940004698

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female).....boy

2. *Race or Color, (if not of the white race).*

3. *Date of Birth*, 18 Aug.

4. Place of Birth, (Street and Number) 1638 Miller St

5. Full Name of Mother, Alma Norris

6. Mother's Maiden Name, ————— *McGee*

7. Mother's Birthplace, *Calif.*

8. Full Name of Father, *James Norris*

9. *Father's Occupation.*

10. *Father's Birthplace,* Ball.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 998 N. Cal. St.

Remarks. 

8 4 0 0 0 4 6 9 9

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Colored.*
 3. Date of Birth, *Aug. 15th 1894*
 4. Place of Birth, (Street and Number) *309 Charlotte Street*
 5. Full Name of Mother, *Levina Morris*
 6. Mother's Maiden Name, *Brown*
 7. Mother's Birthplace, *North Carolina*
 8. Full Name of Father, *Chas. T. Morris*
 9. Father's Occupation, *Doctor*
 10. Father's Birthplace, *Balto.*
 Name of Medical Attendant, or other person who makes this Return, *W. C. Ruggles*
 Address, *225 N. 1st St. Phila.*
 Remarks,

~~8940094700~~

RETURN OF A BIRTH ⁵⁸⁹²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

18th August 1894

4. Place of Birth, (Street and Number)

1251 Riverside Ave

5. Full Name of Mother,

Amarda Mesh

6. Mother's Maiden Name,

Seach

7. Mother's Birthplace,

May's Landing Atlantic Co N.J.

8. Full Name of Father,

George Mesh

9. Father's Occupation,

Glass Blower

10. Father's Birthplace,

Brighton N.J.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

When completed, its sex, color, the full name and occupation of its parents, the date and place of birth: and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, or should occur without the attendance of a midwife, or should no other person be in attendance, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 18, 1894.

4. Place of Birth, (Street and Number) 872 Haulingsden ave apt. 2.

5. Full Name of Mother, Lelora Parsons.

6. Mother's Maiden Name, Stupp.

7. Mother's Birthplace, Ind.

8. Full Name of Father, James Edward Parsons.

9. Father's Occupation, Railroad.

10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, _____

Each certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period provided in and any failure to do so shall be deemed a violation of the provisions of this section, and shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 18/94

4. Place of Birth, (Street and Number) Free Lying Hospital 622 W. Lombard

5. Full Name of Mother, Frances Warden

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harrold Arthur M.D.

Address, 622 W. Lombard Dr. Ross & Thys

Remarks, _____

RETURN OF A BIRTH. 58923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 18, 1894

4. Place of Birth, (Street and Number) Free Living Hospital 622 W. Lombard

5. Full Name of Mother, Mattie Devier

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return Harry H. Arthur M.D.

Address, 622 W. Lombard St.

Remarks, _____

18940304704

Each certificate shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the birth, the duty of the person or persons of such attendance shall be to the Registrar of Vital Statistics, Board of Health, in the manner and within the time specified in this section shall be subject to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st; 2d, 3d, &c.) *4*

1. *Sex*, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Legal consented his sex, color, the full name and occupation of its parents, the date and place of birth, and the legal schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of my child shall occur without the attendance of a physician or practitioner of midwifery, I hereby certify that such attendance upon the mother was obtained from a physician or practitioner of midwifery, and that the same was given in accordance with the provisions of the laws of this State.

I hereby certify that the child hereafter born to me during the period above required, and who shall be named _____, shall be registered in the books of the Commissioner of Health, in the manner and within the time provided for in the provisions of this section, shall be subject to the fine of ten (\$10) dollars, if such offence, to be recovered on other fees and forfeitures are irrevocable.

Wm. & C. Dulany Co., City Printers and Stationers

been connected with sex, color, the full name and occupation of its parents, the date and place of birth; and the child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third months of the child's life, and shall be filed in the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such parent or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19th of August 94

4. Place of Birth, (Street and Number) 414 Pileas St

5. Full Name of Mother, Kate Schaefer

6. Mother's Maiden Name, Katie Leitichs

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Schaefer

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 West Pratt St.

Remarks,

1 8 9 4 0 0 0 4 7 0 5

RETURN OF A BIRTH. 58926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 19th August / 94
 4. Place of Birth, (Street and Number) W. 1643
 5. Full Name of Mother, Annie Knecht
 6. Mother's Maiden Name, " " Kline
 7. Mother's Birthplace, Baltimore, Md.
 8. Full Name of Father, John Knecht
 9. Father's Occupation, Brewer
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Bruns
 Address,
 Remarks,

18940004707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W. H. White

3. *Date of Birth,*

Aug. 15th 1894

4. *Place of Birth, (Street and Number)*

er) H 11 W. A. Smith St.

5. Full Name of Mother,

Mary E. Hutchinson

6. *Mother's Maiden Name,*

..... Coleman

7. *Mother's Birthplace.*

Baltimore

8. *Full Name of Father.*

Robert E. Hutchinson

3. *Father's Occupation*

Brack Maulder

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other person who makes this Return.

R. L. Rankin & Co.

Address

4811 Jefferson St Waverly

Remarks

8 9 4 0 0 0 4 7 0 8

GIVEN NAME ADDED 9-8-52

RETURN OF A BIRTH. 58930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Estella Hayden

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 Aug 1894

4. Place of Birth, (Street and Number) 32 W. West St

5. Full Name of Mother, Estella A. Hayden

6. Mother's Maiden Name, Carlson

7. Mother's Birthplace, Balto

8. Full Name of Father, Francis J. Hayden

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. C. A. Brooks

Address, 1825 Light St

Remarks, Living Well

58940004711

This schedule shall be delivered, duly signed by the person in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and in case the birth of any child shall occur with the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or persons in any such person or persons who shall be required to file this schedule with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

[illegible]

RETURN OF A BIRTH. 58932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the official or practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, it shall become the duty of the person or persons in attendance to report its birth to the Commissioner of Health, in the manner and within the time specified in such regulations as may be adopted by the Board of Health, and any person or persons who shall hereafter fail to comply with such regulations shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

16940004713

each and every month to the office of the Commissioner of Health, and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurs, and the said certificate shall be filed in the office of the Commissioner of Health, and any person who fails to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Aug 24th

4. Place of Birth (Street and Number), 1630 E. Pennsylvania St

5. Full Name of Mother, Johanna M. Thompson

6. Mother's Maiden Name, Johanna M. King

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Walter Thompson

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. E. P.

Address, 1630 Ashburn Ave

Remarks, Infant & healthy

and the
in case of
the first and
third day of
shall occur
attendance upon
child to register
permitted to the
fine of ten (\$10)
dollars for each
offense, to be
recovered as
other fines and
forfeitures are
recoverable.

RETURN OF A BIRTH. 58934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: GEORGE LEON HOWARD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 20th 1894

4. Place of Birth, (Street and Number) 328 Parkin. St.

5. Full Name of Mother, Agnes E. Howard

6. Mother's Maiden Name, Lapp

7. Mother's Birthplace, Balto.

8. Full Name of Father, James H. Howard

9. Father's Occupation, Labourer

10. Father's Birthplace, Balto.

Name of Medical Attendant, H. W. Weber M.D.
or other person who makes this Return.

Address, 723 W. Lombard St.

Remarks, Natural Labor.

6440004715

said schedule shall be delivered, duly signed by the practitioner or its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs within the month, the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

(over)

RETURN OF A BIRTH. 58935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Name of Child: GEORGE LEON HUBBARD~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 August 1894
4. Place of Birth, (Street and Number) 1208 Easter av
5. Full Name of Mother, Lovisa Eckstein
6. Mother's Maiden Name, Lovisa Kaiser
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Henry Eckstein
9. Father's Occupation, Scrap metal
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 St Washington St

Remarks, _____

18940004716

RETURN OF A BIRTH. 58936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 August 1894
4. Place of Birth, (Street and Number) 405 Hallington av
5. Full Name of Mother, Anni Laurens
6. Mother's Maiden Name, Anni Ros
7. Mother's Birthplace, Baltimore, M.D.
8. Full Name of Father, Albert Laurens
9. Father's Occupation, Gas meter
10. Father's Birthplace, Baltimore M.D.
- Name of Medical Attendant, or other person who makes this Return, Ellen Smith
- Address, 504 Pot Washington St
- Remarks, _____

18940004717

RETURN OF A BIRTH. 58937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant.

or other person who makes this Return.

Address.

Remarks.

6 4 4 0 0 0 4 7 1 8

[illegible]

RETURN OF A BIRTH 58938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Aug. 20. 1894

4. Place of Birth, (Street and Number)

525 Laurens St.

5. Full Name of Mother,

Isabella Heinmiller

6. Mother's Maiden Name,

Hoffman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Heinmiller

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

E. G. Shaver, M.D.

Address,

2510 Penna. Ave.

Remarks,

8940004719

third day of each and every month to the Office of the Registrar of Health, in case the birth of any child shall occur without the aid of a physician or practitioner of midwifery, or should no other person be in attendance at the birth of the child, the duty of the person or persons attending the birth of the child, and attending to the child, shall be upon the person or persons who shall be present at the birth of the child, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

3. *Father's occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address, -

Remarks.

8 9 4 0 0 0 4 7 2 0

said schedule shall be delivered, duly signed by the person whose occupation of its parents, the date and place of birth, and the
 child, day of each and every month to the office of the Commissioner in the form of a certificate between the first and
 attendance of a physician or practitioner of medicine, immediately thereafter it shall become the duty of the person in the
 child to report its birth to the Commissioner in the manner and within the period above specified, and the provisions of this section shall be sub-
 ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 20th of August 94
 4. Place of Birth, (Street and Number) 1436 W. Mount St
 5. Full Name of Mother, Jda. Leichter
 6. Mother's Maiden Name, Jda. Lagers
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, C. W. Leichter
 9. Father's Occupation, Painter
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Frederick Henkel M.D.
 Address, 2116 West Pratt St.
 Remarks,

58940004721

RETURN OF A BIRTH 58941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2nd)*
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *August 20th 1894*
4. Place of Birth (Street and Number), *NE Cor Lombard & Ann Sts*
5. Full Name of Mother, *Mary E Murray*
6. Mother's Maiden Name, *" " Robinson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George W Murray*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this return. *L E Hooks MD*
- Address, *1519 E Baltimore St*
- Remarks,

RETURN OF A BIRTH. 58942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 24/94

4. Place of Birth, (Street and Number) 105 N. Montford Ave.

5. Full Name of Mother, Louisa Holzhaus

6. Mother's Maiden Name, Stock

7. Mother's Birthplace, Balto.

8. Full Name of Father, Bernhardt Holzhaus

9. Father's Occupation, Cigar-maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenbrofer

Address, 2235 Gough St.

Remarks, _____

third day of each and every month to the office of the Commissioner of Health. In case the physician or practitioner of midwifery, or should no other person of such child to report its birth to the Commissioner of Health, in the event of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

small schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or person who shall thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) W

3. Date of Birth, 20 of Aug 1894

4. Place of Birth, (Street and Number) 904 West Lexington St

5. Full Name of Mother, Estie M. Clark

6. Mother's Maiden Name, Reese

7. Mother's Birthplace, Eng

8. Full Name of Father, Charles M. Clark

9. Father's Occupation, Washington D C

10. Father's Birthplace, Machinist

Name of Medical Attendant, or other person who makes this Return, M. H. Ledley

Address, 1004 West Lexington St

Remarks, _____

18940004724

third day of each and every month to the office of the Commissioner of Health, in case the birth of a child shall occur without the attendance upon the mother, immediately thereafter, in the manner and to the effect above required, and the person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITIZEN NAME ADDED.

1-25-55
RETURN OF A BIRTH.

58944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Clay Martin
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Aug 20 - 94
4. Place of Birth, (Street and Number) 1019 E. North Ave
5. Full Name of Mother, Emma A. Martin
6. Mother's Maiden Name, " " Scheney
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry C. Martin
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Ma
Name of Medical Attendant, or other person who makes this Return, Mrs. Mary A. Allweel
Address, 1438 N. Bond St
Remarks, _____

18940004725

RETURN OF A BIRTH. 58943- To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and the place of birth, and the date of delivery, the first and third days of the month, in case the birth of any child is attended by a physician, or should no other person be present, the duty of the person or persons attending the birth, in the manner and to the extent required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *26th August*
4. Place of Birth, (Street and Number) *1225 - Guilford Street*
5. Full Name of Mother, *Ann Mary King*
6. Mother's Maiden Name, *" " McQuilly*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Stephen King*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other person who makes this Return, *Residing at home*
- Address, *" " " "*
- Remarks, *" " " "*

8940004726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

58947

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2-

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

20 August

4. Place of Birth. (Street and Number)

Thames St. 1415

5. Full Name of Mother.

Michalina Kociar

6. Mother's Maiden Name.

Poshowska

7. Mother's Birthplace.

Pragen

8. Full Name of Father.

Valentin Kociar

9. Father's Occupation.

Leberrman

10. Father's Birthplace.

Pragen

Name of Medical Attendant, or other person who makes this Return.

Meri Reed

Address.

W. Bond St. 838

Remarks.

and the Registrar of Vital Statistics, Baltimore City, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to the Registrar of Vital Statistics, Baltimore City, or should no other person be in attendance of a physician or practitioner at the time of the birth of any child, the mother, immediately thereafter, in the manner and within the period of time prescribed by law, shall report in birth to the Commissioner of Health, or to the Registrar of Vital Statistics, Baltimore City, and if any such person or persons who shall fail to comply with the provisions of this section, after notice shall be served upon them, shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

40 tubules 12

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Calo

3. *Date of Birth.*

20 Aug

4. *Place of Birth, (Street and Number)*

Ch. 132

5. Full Name of Mother,

Nancy Lee

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

Northumberland county - Va

8. *Full Name of Father.*

Charles Stanley

9. *Father's Occupation.*

Lab

10. *Father's Birthplace*

Baltimore, Md. 11/11/18

Name of Medical Attendant or other person who

Mar. 8 1891

Address _____

9324

Remarks

894004729

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 4 7 3 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health, or in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall therewith fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Dale of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

1 8 9 4 0 0 0 4 7 3

RETURN OF A BIRTH. 58951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other persons who makes this Return.

Address,

Remarks,

18940004732

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or of a midwife, or of a nurse, or of an attendant upon the mother, immediately after the birth of the child, the person so attending shall be liable to a fine of not less than five dollars nor more than ten dollars, to be recovered as other fines and forfeitures are recoverable, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence.

This certificate shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the birth of the child, the person or persons of such attendance shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58 952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 21st 1894

4. Place of Birth, (Street and Number) 133 N. Pat. Pl. Arc.

5. Full Name of Mother, Mary F. Little

6. Mother's Maiden Name, Hawthorne

7. Mother's Birthplace, Balto

8. Full Name of Father, Ed. J. Little

9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. O. Knowles

Address, 223 N. Pat. Pl. Arc.

Remarks,

18940004733

valid schedule shall be delivered to the office of the Registrar of Births and Deaths, within the third day of each and every month to the office of the Registrar of Births and Deaths, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if the person or persons of such child fail to do so, they shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug. 21 94

4. Place of Birth, (Street and Number)

813 Fremont Ave.

5. Full Name of Mother

J. McDermott

6. Mother's Maiden Name

J. Crawford

7. Mother's Birthplace

N.Y.

8. Full Name of Father

E. McDermott

9. Father's Occupation

Labour

10. Father's Birthplace

Ms.

Name of Medical Attendant, or other person who makes this Return

J. H. Robinson M.D.

Address

756 E. Pratt

Remarks

18940004734

This schedule shall be delivered duly signed by the practitioner in the form of a certificate, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child occurs on the first and second days of the month, the practitioner shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 26, 1894
4. Place of Birth, (Street and Number) 1122 E. Lombard St
5. Full Name of Mother, Ada Maltz
6. Mother's Maiden Name, Rosa Maltz
7. Mother's Birthplace, Soderke Russia
8. Full Name of Father, Sam Maltz
9. Father's Occupation, Booker
10. Father's Birthplace, Soderke Russia
Name of Medical Attendant, or other person who makes this Return, Yetter Glawson
Address, 1122 E. Lombard St
Remarks, _____

18940004735

RETURN OF A BIRTH. 38934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th. Child.

1. Sex, (state whether male or female)...

Mals

2. Race or Color, (if not of the white race)-

White

3. *Date of Birth.*

1231 Ashland Ave.

4. *Place of Birth, (Street and Number)*

Aug 22nd, 1894

5. *Full Name of Mother.*

Bettie L. Stile French

6. *Mother's Maiden Name,*

Better L. Style.

7. *Mother's Birthplace,*

Germany.

8. *Full Name of Father,*

Henry Hughes

3. Father's Occupation

Baker.

10. *Father's Birthplace,*

Germany

Name of Medical Attendant, or other person who makes this Return.

Wilmer Bonitow, m.s.

Address.

S.W. Cor. Calvert & Preston Sts.

Remarks,

8 9 4 0 0 0 4 7 3 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of a child is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the woman, the physician or practitioner of midwifery, or other person, shall become the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this act, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5895-7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 August 1895
4. Place of Birth, (Street and Number) 4 W. North St
5. Full Name of Mother, Anna Korman
6. Mother's Maiden Name, Boyle Reid
7. Mother's Birthplace, Germany
8. Full Name of Father, August Korman
9. Father's Occupation, Miller
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Wm. S. H. Brooks
- Address, 1825 Light St
- Remarks, Henry Hall

18940004738

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately hereafter it shall become the duty of the physician or other person who shall report its birth to the Commissioner of Health, in the manner and within the period above required, to cause such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 23rd 1894
4. Place of Birth, (Street and Number) 503 Oxford Street
5. Full Name of Mother, Charited Janamius
6. Mother's Maiden Name, Charited Bond
7. Mother's Birthplace, Charles County
8. Full Name of Father, Richard Janamius
9. Father's Occupation, Spoking
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, Heeler Colance
- Address, 309 Preston Street
- Remarks,

18940004739

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to cause the birth of such child to be registered, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2 6th child

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... White

3. Date of Birth... 23 August 1914

4. Place of Birth, (Street and Number)... 138 West 10

5. Full Name of Mother... Agnes Robertson

6. Mother's Maiden Name... 111 Grindall

7. Mother's Birthplace... Balto

8. Full Name of Father... Lawrence Robertson

9. Father's Occupation... cigar maker

10. Father's Birthplace... Balto

Name of Medical Attendant, or other person who makes this Return... Mrs. E. B. Brooks

Address... 1522 Light St

Remarks... 16012 Hall

1 5 9 4 0 0 0 4 7 4 1

RETURN OF A BIRTH. 58961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1st.

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

Colored

3. Date of Birth,

Aug 24. 94

4. Place of Birth, (Street and Number)...

1015 1/2 Julius Alley

5. Full Name of Mother,

Steenetta Barrett

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Baeto.

8. Full Name of Father,

Unknown

9. Father's Occupation,

"

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Wm. A. Barlow M.D.
Md. Genl. Hospital

Address,

Remarks,

8940004742

shall, on or after the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of any month, the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, shall report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed in this section. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 Child*
1. Sex, (state whether male or female) *Females*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *August 1894*
4. Place of Birth, (Street and Number) *No 1208 W. Lombard St.*
5. Full Name of Mother, *Jennie Anderson*
6. Mother's Maiden Name, *Groh.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *William Anderson.*
9. Father's Occupation, *Pipe Fitter.*
10. Father's Birthplace, *Baltimore.*
Name of Medical Attendant, or other person who makes this Return, *Annie Lindner*
Address, *No. 106 S. Howard St.*
Remarks, _____

1 8 9 4 0 0 0 4 7 4 3

any day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, within the manner and within the period above required, and child to report the birth to the proper authorities, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug
4. Place of Birth, (Street and Number) 810 Summer St.
5. Full Name of Mother, Lizzie A. Shefel
6. Mother's Maiden Name, Lizzie Carr
7. Mother's Birthplace, Germany
8. Full Name of Father, John A. Shefel
9. Father's Occupation, Box Maker
10. Father's Birthplace, Balt
- Name of Medical Attendant, or other person who makes this Return, Mary L. Bwayne
- Address, 204 E. Center St.
- Remarks, _____

18940004744

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58964

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 4th 94
4. Place of Birth (Street and Number) 1628 Barnes
5. Full Name of Mother Mary Seman
6. Mother's Maiden Name Mary Stupka
7. Mother's Birthplace Bohemia
8. Full Name of Father John Seman
9. Father's Occupation Laborer
10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Chas. B. Liegher
920 N Broadway

18940004745

RETURN OF A BIRTH. 58965-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *M*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *August 7, 1905 P.M.*
 4. Place of Birth, (Street and Number) *1505 William Street, S. B.*
 5. Full Name of Mother, *Gertrude Waldner*
 6. Mother's Maiden Name, *Schaffer*
 7. Mother's Birthplace, *Baltimore Md.*
 8. Full Name of Father, *Heinrich Wilhelm Ludwig Waldner*
 9. Father's Occupation, *Lawyer*
 10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. M. Hayne for Dr. L. Charles Street.*
- Address, *Forning Dispensary 514 S. Charles Street.*
- Remarks,

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in this city, and in the case of a child born in any other place within the limits of the city, to report its birth to the Commissioner of Health in the place where born. Any person who fails to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

58966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, August 11. 12th Afternoon. 1894

4. Place of Birth. (Street and Number) 114. Weber Street. S. Balt.

5. Full Name of Mother, Katie Agnes Feely

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Lanes Co. Boreman Co.

8. Full Name of Father, John Thomas Feely

9. Father's Occupation, Farmer.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Hanna, from

Address, The Young Dispensary 614. P. Market St.

Remarks,

1 6 9 4 0 0 0 4 7 4 7

RETURN OF A BIRTH ⁵⁸⁹⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *14th August 1894*

4. Place of Birth, (Street and Number) *1118 Riverside Ave*

5. Full Name of Mother, *Lizzie Dougherty*

6. Mother's Maiden Name, *Plitt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William F Dougherty*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Somerset Co Md*

Name of Medical Attendant, or other Person who makes this Return *Elizabeth Jewell*

Address, *436 E Fort Ave*

Remarks,

certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a midwife, or of a practitioner of midwifery, or should no other person be in at such time, the mother, immediately thereafter, it shall then become the duty of the parent or person who shall have required, except in the cases of the births and adoptions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

8940004748

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female).

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

RETURN OF A BIRTH

58969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, in case the birth of any child shall occur without the attendance of a duly licensed practitioner of midwifery, or should no other person be in attendance at the birth of the child, the duty of the person or persons attending the birth shall be to report the same to the Registrar of Vital Statistics, Board of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Aug 2/8 - 94
4. Place of Birth, (Street and Number) 211 M Leonway St
5. Full Name of Mother, Lora Linthicum
6. Mother's Maiden Name, Lora Grobaser
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Herbert Linthicum
9. Father's Occupation, Express man
10. Father's Birthplace, Ann Arundel Co Md
- Name of Medical Attendant, or other person who makes this Return, L. K. Bailey M.D.
- Address, 724 M Leonway St City
- Remarks,

18940004750

CERTIFICATE CONTINUED 5-18-15 GIVEN NAME ADDED 2-11-55
RETURN OF A BIRTH.

58.970

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

John Harris Jessop - 1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 27 1894

4. Place of Birth (Street and Number)

1449 N. Carrollton Ave.

5. Full Name of Mother

Annie Jessop

6. Mother's Maiden Name

Annie Garrett

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James H. Jessop

9. Father's Occupation

Carpenter

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

John C. Harris M.D.

Address

773 W. Lexington St.

Remarks

1 8 9 4 0 0 0 4 7 5 1

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 58971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1209 Scott St.*

4. Place of Birth, (Street and Number) *28th August*

5. Full Name of Mother, *Lora Aberter Haas*

6. Mother's Maiden Name, *Lora Aberter Tolson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles William Haas*

9. Father's Occupation, *Glass Cutter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Grace Harris*

Address, *818 Stockholm St.*

Remarks,

1 8 9 4 0 0 0 4 7 5 2

any person, or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH^{589 1/2}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *21st August 1894*

4. Place of Birth, (Street and Number) *524 E Fort Ave*

5. Full Name of Mother, *Kate Schnieder*

6. Mother's Maiden Name, *Wortchmann*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Schnieder*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Elizabeth Gerwell*

Address, *436 E Fort Ave*

Remarks,

RETURN OF A BIRTH. 58973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female). male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 25 August 1894

4. Place of Birth, (Street and Number) 236 Glenmerry Alley

5. Full Name of Mother, Florence Danetta

6. Mother's Maiden Name, Rizzo

7. Mother's Birthplace, Belmonte - Italy

8. Full Name of Father, Carlo Danetta

9. Father's Occupation, Laborer

10. Father's Birthplace, Belmonte - Italy

Name of Medical Attendant, or other person who makes this Return, Palma Panarella

Address, 236 Glenmerry Alley

Remarks, who attended the mother as mid-wife
the child's name is John William Danetta

18940004754

shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, the child shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 26th 1914

4. Place of Birth, (Street and Number) 31 W. Spring st.

5. Full Name of Mother, Christina Hillenbrand

6. Mother's Maiden Name, Christina Gossman

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, George Hillenbrand

9. Father's Occupation, Fireman

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles W. A. Meyer M. D.

Address, 1019 W. Caroline st.

Remarks, _____

8940004755

said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, Baltimore, Md., on the third day of each and every month, and the practitioner shall be liable to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

CERTIFICATE CORRECTED 2-19-67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emmert Augustine Morrow
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 28th.
4. Place of Birth, (Street and Number) 1014 David Hill Ave.
5. Full Name of Mother, Mrs. Bernia Morrow
6. Mother's Maiden Name, Bernia Fisher
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, William F. Morrow
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto. Md.
Name of Medical Attendant, or other person who makes this Return, James C. Clarke
Address, 1026 Madison Ave.
Remarks,

RETURN OF A BIRTH.

58976

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Child of 7. head
Female
Corkland
28th of August 94
1030 W. Lexington
Maggie Corkland
Maggie Corkland
Corkland County, Md
Wm. Corkland
Barth Ford
Corkland County, Md
Maggie G. Ford
1121 Saratoga St

18940004757

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58997

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 30th 94

4. Place of Birth (Street and Number)

16013 Miller st

5. Full Name of Mother

Louisa Keiser

6. Mother's Maiden Name

Louisa Bell

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Keiser

9. Father's Occupation

Harmonist

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. B. Fisher M.D.

Address

920 N. Broadway

Remarks

18940004758

shall pay in fees and every woman to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother, or parents of such child to report it forthwith to the office of the Commissioner of Health, and the person failing to do so shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 30, 1894

4. Place of Birth, (Street and Number) No. 22 Harford road.

5. Full Name of Mother, Annie Schmitzlein

6. Mother's Maiden Name, Annie Parnes

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm. Schmitzlein

9. Father's Occupation, Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Aug. R. Blewett M.D.

Address, 1241 Harford ave.

Remarks, _____

18940004759

RETURN OF A BIRTH. 58979

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third child*
 1. Sex (state whether male or female) *male*
 2. Race or Color (if not of the white race) *colored*
 3. Date of Birth *31 aug. 1877*
 4. Place of Birth (Street and Number) *1215 N. 1st st*
 5. Full Name of Mother *George Mathews*
 6. Mother's Maiden Name *A. H. County Md*
 7. Mother's Birthplace *andrew & Pott*
 8. Full Name of Father *Lawler*
 9. Father's Occupation *A. H. Co. Md*
 10. Father's Birthplace *Mary & Jones*
 Name of Medical Attendant, or other Person who makes this Return. *1121 South 1st*
 Address
 Remarks

8940004760

Give, in full, the name of the child, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
 shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
 attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such
 child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
 any such person or persons who shall hereafter fail to comply with the provisions of this act shall be sub-
 jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 1897

4. Place of Birth, (Street and Number) 102 Altamare St.

5. Full Name of Mother, Annice Linsitz

6. Mother's Maiden Name, Catz

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Linsitz

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Herman

Address, 102 Altamare St.

Remarks, _____

GIVEN NAME ADDED

-2/27/69

RETURN OF A BIRTH.

68981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARY ANNA ~~RUBEL~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 1st 1894.

4. Place of Birth, (Street and Number) 830 Gmawby St.

5. Full Name of Mother, Annie Rubel

6. Mother's Maiden Name, Stadler

7. Mother's Birthplace, Europe

8. Full Name of Father, John Rubel

9. Father's Occupation, Lechner

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8940004762

third any of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person in attendance shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month, and signed by the practitioner in the form of a certificate between the first and third day of each and every month, of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the period above recited, of such child to report to the Commissioner of Health, in the manner and within the period above recited, of such persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female)... *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1408 Ashland Ave*

4. Place of Birth, (Street and Number) *Edinburgh 2, 1894*

5. Full Name of Mother, *Elizabeth J. McNeal*

6. Mother's Maiden Name, *Bennett*

7. Mother's Birthplace, *Baiko*

8. Full Name of Father, *Geo. E. McNeal*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Baiko*

Name of Medical Attendant, or other person who makes this Return, *J. H. Brown*

Address, *J. Brown & Co.*

Remarks, *J. Brown & Co.*

18940004763

may on each and every month to the office of the Commissioner of Health. In case the birth of an child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such class as may be designated by the Commissioner of Health, to attend upon the mother and child, and to file a return of such birth with the Commissioner of Health, and to comply with the provisions of the law above required, and any such person or persons who shall hereafter fail to comply with the provisions of the law above required, and be convicted thereof, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 5th 94*

4. Place of Birth, (Street and Number) *1024 N. Ann St.*

5. Full Name of Mother, *Maggie Wheeler*

6. Mother's Maiden Name, *Abelmann*

7. Mother's Birthplace, *Balt Co Md.*

8. Full Name of Father, *John B. Wheeler*

9. Father's Occupation, *Boiler maker*

10. Father's Birthplace, *Dorchester Co Md.*

Name of Medical Attendant, or other person who makes this Return, *Chas. H. Seligman M.D.*

Address, *1501 N. Bay St.*

Remarks, _____

1 8 9 4 0 0 0 4 7 6 4

RETURN OF A BIRTH. 58984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Reamer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ... *Female*

2. Race or Color, (if not of the white race).....*White*

3. Date of Birth, 6th August 1894

4. Place of Birth, (Street and Number) 1906 E. 23

5. Full Name of Mother, Lillie Reas

6. Mother's Maiden Name, *Jacobson*

7. Mother's Birthplace, Russia

8. Full Name of Father, Alfred J. Hall

9. Father's Occupation.....Fire-keeper
Russia

10. Father's Birthplace, Russia

..... or other person who

Name of Medical Attendant, or other person who makes this Return, *W. J. P. ...*

Address. *42 W. Main St. N. York, N. Y.*

Remarks, _____

1 8 9 4 0 0 0 4 7 6 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or when the mother or person in charge of the child is ill, the mother, immediately thereafter it shall become the duty of the person or persons of such family to obtain the services of a physician or practitioner of midwifery, and to cause the birth of the child to be reported to the Commissioner of Health, in the manner and at the time provided in this section shall be subject to a person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. *Race or Color, (if not of the white race)*—

3. *Date of Birth,*

4. *Place of Birth. (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 4 7 6 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or midwife, or should no other person be present to report the birth, the mother, immediately thereafter, it shall become and within the time specified in any such person or persons who shall be required to comply with the provisions of this section, and who are subject to the fine of ten (10) dollars for each offence to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH. 58986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 9 & 10 94*
4. Place of Birth, (Street and Number) *1337 Valley St*
5. Full Name of Mother, *Catherine Czerwinski*
6. Mother's Maiden Name, *Ramming*
7. Mother's Birthplace, *Balt City*
8. Full Name of Father, *Julius Czerwinski*
9. Father's Occupation, *Police Officer*
10. Father's Birthplace, *Balt City*
Name of Medical Attendant, or other person who makes this Return, *S. H. Seligman M. D.*
Address, *1501 N. Taper St*
Remarks,

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner thereof, the parents of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 10, 1894*
4. Place of Birth, (Street and Number) *1424 Valley*
5. Full Name of Mother, *Lena E. Lopez*
6. Mother's Maiden Name, *Arroyo*
7. Mother's Birthplace, *Batavia*
8. Full Name of Father, *Eugen Lopez*
9. Father's Occupation, *Marine*
10. Father's Birthplace, *Batavia*
- Name of Medical Attendant, or other person who makes this Return, *J. J. Brown*
- Address, *Eager & Wilcox*
- Remarks,

8940004768

shall occur without the attendance of a physician or practitioner of midwifery, or of a nurse, or of a person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 12. 99.
4. Place of Birth, (Street and Number) 10036 Granby Str
5. Full Name of Mother, Mary Sirovase
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Haschel Sirovase
8. Full Name of Father, Selover
9. Father's Occupation, Baltimore
10. Father's Birthplace, Mrs. C. Bernstein
Name of Medical Attendant, or other person who makes this Return, 122 S. Exeter Str
Address, Remarks,

8940004769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12 August, 1894*
4. Place of Birth, (Street and Number) *202 E. Lombard St*
5. Full Name of Mother, *Annie Corsia*
6. Mother's Maiden Name, *Carson*
7. Mother's Birthplace, *England*
8. Full Name of Father, *Annunzio Corsia*
9. Father's Occupation, *Hotel man*
10. Father's Birthplace, *Italy*
- Name of Medical Attendant, or other person who makes this Return, *E. German*
- Address, *202 E. Lombard St*
- Remarks,

and receive the same, and each is hereby notified that any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED.

8-17-59

589701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Samuel Vinnik #58990

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 August 1894

4. Place of Birth, (Street and Number) 913 Franklin St

5. Full Name of Mother, Minnie Vinnik

6. Mother's Maiden Name, Brainerd

7. Mother's Birthplace, Russia

8. Full Name of Father, Charles Vinnik

9. Father's Occupation, Pedlar

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 423 Albemarle St

Remarks, Filed AUG 20 1894

third day of each and every woman in the form of a certificate between the first and second child born to her. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother, immediately thereafter, it shall become the duty of the person so attending, to appear in person in the Commissioner of Health, in the manner and within the period above required, and to supply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 589 91

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

4. Place of Birth, (Street and Number) ..

5. Full Name of Mother, ..

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

8. Full Name of Father, ..

9. Father's Occupation, ..

10. Father's Birthplace, ..

Name of Medical Attendant, or other person who makes this Return, ..

Address, ..

Remarks, ..

589 40004772

shall pay of each and every month to the office of the Commissioner of Health, in case the wife or mother shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or children, to be born, to be born, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of two (2) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

Aug 14th 94

4. Place of Birth, (Street and Number).

226 Belair Rd

5. Full Name of Mother,

Hannah M. Schwarz

6. Mother's Maiden Name,

Rommel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wm F. Schwarz

9. Father's Occupation,

Gardner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

S. H. Bldner M. D.

Address,

1541 N. Bager St.

Remarks,

8940004773

third day of each and every month to the office of the Registrar of Births and Deaths, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall occur within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall comply with the provisions of this section. shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-3-5-7
RETURN OF A BIRTH. 58993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gertrude Caplan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *August 14. 94*

4. Place of Birth, (Street and Number) *12 S. Exeter St*

5. Full Name of Mother, *Jennie Caplan*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Louis Caplan*

9. Father's Occupation, *merchant*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other person who makes this Return, *Mrs C. Bernstein*

Address, *123 S. Exeter St*

Remarks, _____

1 8 9 4 0 0 0 4 7 7 4

RETURN OF A BIRTH 58994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health, Baltimore City, or should no other person be in attendance upon the mother, immediately thereafter, the physician or practitioner attending the mother, in the manner and within the period above required, be subject to report its birth to the Commissioner of Health, Baltimore City, and if he or she fails to do so, he or she shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Light-Brown
3. Date of Birth, August 13th 1894
4. Place of Birth, (Street and Number) 721 W. Donough St.
5. Full Name of Mother, R. J. Thompson
6. Mother's Maiden Name, " " " " "
7. Mother's Birthplace, St. Marys Co.
8. Full Name of Father, James A. Gaylor
9. Father's Occupation, Hard Carrier
10. Father's Birthplace, Balto. Md.
- Name of Medical Attendant, or other person who makes this Return, Anne Horrell
- Address, _____
- Remarks, _____

58940984775

In case the birth of any child shall occur without the attendance of a physician or person who makes this Return, the parent or person who shall become the duty of the person or parents of such child shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 16. 1894
4. Place of Birth, (Street and Number) 1608 E. Lombard St.
5. Full Name of Mother, Annie Anton
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Benhard Anton
8. Full Name of Father, Lebanon
9. Father's Occupation, Baltimore
10. Father's Birthplace, Mrs C. Bernsten
- Name of Medical Attendant, or other person who makes this Return, 122 S. Eyster St.
- Address, Remarks,

1 8 9 4 0 0 0 4 7 7 6

RETURN OF A BIRTH.

58996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female).... *Male*
2. Race or Color, (if not of the white race).... *White*
3. Date of Birth, *7 August 1894*
4. Place of Birth, (Street and Number).... *1917 E. Pratt St.*
5. Full Name of Mother, *Annies Andersen*
6. Mother's Maiden Name, *Lariss*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Hess Andersen*
9. Father's Occupation, *(10) Russia*
10. Father's Birthplace, *Cigar maker*
- Name of Medical Attendant, or other person who makes this Return, *E. Freeman*
- Address, *426 W. 1st St.*
- Remarks,

18940004777

any day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner thereof, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

shall pay of each and every month to the office of the Commissioner of Health. In case the birth of any child should be attended by a physician, the mother or other person who shall be present at the birth of the child should report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 August 1894
4. Place of Birth, (Street and Number) 313 3rd St
5. Full Name of Mother, Jacob Hoffman
6. Mother's Maiden Name, Herr
7. Mother's Birthplace, Russia
8. Full Name of Father, Sam Hoffman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Sherman
- Address, 42 Albemarle St
- Remarks,

18940004778

shall pay of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of any month, the parent or person who shall be responsible for the birth of such child shall be liable for the full amount of the fee for such month. The parent or person who shall be responsible for the birth of any child shall be liable for the full amount of the fee for such month. The parent or person who shall be responsible for the birth of any child shall be liable for the full amount of the fee for such month.

GIVEN NAME ADDED 9-11-58
RETURN OF A BIRTH. 58998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City,

_____ Ada Hirsh
39

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) _____ Female _____

2. Race or Color, (if not of the white race) _____ White _____

3. Date of Birth, _____ 18 August 1894 _____

4. Place of Birth, (Street and Number) _____ 28 Allen Avenue St. _____

5. Full Name of Mother, _____ Minnie Hirsh _____

6. Mother's Maiden Name, _____ Brooks _____

7. Mother's Birthplace, _____ Russia _____

8. Full Name of Father, _____ _____

9. Father's Occupation, _____ Tailor _____

10. Father's Birthplace, _____ _____

Name of Medical Attendant, or other person who makes this Return, _____ E. Sherman _____

Address, _____ 42 Allen Avenue St. _____

Remarks, _____

18940004779

shall occur without the presence of every member to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of every member to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, to the Commissioner of Health, in the manner and within the period above provided, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 4 7 8 0

shall occur without the attendance of a physician or practitioner of medicine, or without the birth of any child being reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 4-13-60

RETURN OF A BIRTH. 59000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Madeline Johanna Joeckel
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug-1906 1894*
4. Place of Birth, (Street and Number) *1026 N. Ann St*
5. Full Name of Mother, *Ma M. Joeckel*
6. Mother's Maiden Name, *Blum*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *August R Joeckel*
9. Father's Occupation, *Scholar*
10. Father's Birthplace, *Hornung*
Name of Medical Attendant, or other person who makes this Return, *S. H. Seligman M. D.*
Address, *1501 E. Beyer St*
Remarks, *,*

8940004781

In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents shall report the birth of such child to report in birth to the Commissioner of Health, in the manner and within the period above required, and any such parent or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 20 94.
4. Place of Birth, (Street and Number) 240 S. High St.
5. Full Name of Mother, Sarah Lampu
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Morris Lampu
9. Father's Occupation, merchant
10. Father's Birthplace, Europe
Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein
Address, 122 S. Exeter St.
Remarks,

8940004783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child occurs on any day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother, in the manner and within the period above required, and the child to report its birth to the Commissioner of Health. If the provisions of this section shall be applicable to any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number,*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

RETURN OF A BIRTH. 5904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *8/2/94*
4. Place of Birth, (Street and Number) *313 7/2 Jay Street*
5. Full Name of Mother, *Sarah Bloch*
6. Mother's Maiden Name, *Sarah Chert*
7. Mother's Birthplace, *East Russia*
8. Full Name of Father, *A. Bloom*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Crookney Russia*
- Name of Medical Attendant, or other person who made this Return, *Yette Klayman*
- Address, *1125 Lombard St*
- Remarks, _____

8940004785

In case the birth of any child occurs without the attendance of a physician or practitioner of medicine, the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8940004786

RETURN OF A BIRTH. 59006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child is attended by the attendance of a physician or practitioner of medicine, or of a midwife, or of a nurse, or of any other person, he or she shall be in the duty of the person or persons of such attendance upon the birth of the child, to comply with the provisions of the law, and to file a return of the birth of such child in the manner and within the period above provided, and shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Male

3. Date of Birth.

Aug 28 1894

4. Place of Birth, (Street and Number)

Elizabeth Theater

5. Full Name of Mother,

Roth

6. Mother's Maiden Name,

New York -

7. Mother's Birthplace,

George T. Leator

8. Full Name of Father,

Barkeeper -

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Edwin Grunfeldt

Name of Medical Attendant, or other person who makes this Return.

Address,

017 Leator

Remarks,

18940004787

shall occur with the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present to report the birth of the child to the Commissioner of Health, in compliance with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940004788

shall occur without the attendance of a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the child to report its birth to the Commissioner of Health, in the manner and within the time of such person or persons who shall hereafter fail to comply with the provisions of this section, all of ten (10) dollars each, failure to be recovered as a other fines and forfeitures are recoverable, deducted to the due of ten (10) dollars each, failure to be recovered as a other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 4-7-57
RETURN OF A BIRTH. 59008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Isidor Benjamin Bransky
 o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race). White
3. Date of Birth, 25 August 1894
4. Place of Birth, (Street and Number). 35 Harrison St.
5. Full Name of Mother, Rosa Dransky
6. Mother's Maiden Name, Malachuk
7. Mother's Birthplace, Russia
8. Full Name of Father, Nathan Dransky
9. Father's Occupation, Wagon Keeper
10. Father's Birthplace, Russia
Name of Medical Attendant, or other person who makes this Return, E. Herman
Address, 22 Alameda St.
Remarks,

8 9 4 0 0 0 4 7 8 9

RETURN OF A BIRTH. 59007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or of a midwife, the duty of the person or persons of such attendance upon the mother, immediately thereafter, shall be to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 4 7 9 0

shall occur within the first and second months of the year, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of such child to report its birth to the Commissioner of Health, it shall be the duty of the mother, immediately thereafter, to report the birth of such child to report its birth to the Commissioner of Health, and within the period above required, and any such failure to report the birth of such child shall be a violation of the provisions of this section, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

Second
Female
White

Aug 30 1894

304 N. Gay

Winnie Glantz

Winnipeg

Balto

Joseph M. Glantz

Shoe fitting

Balto

Dr. Crouch M.D.

Deacon & Glantz

8940004791

RETURN OF A BIRTH. 59111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Color*

3. Date of Birth, *August 31st 1814*

4. Place of Birth, (Street and Number) *753 Iceland, St*

5. Full Name of Mother, *Sarah A Francis*

6. Mother's Maiden Name, *Sarah Pinder*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *John N Pinder*

9. Father's Occupation, *Coal Driver*

10. Father's Birthplace, *Cambridge*

Name of Medical Attendant, or other person who makes this Return, *Angeline Wilson*

Address, *1019 S. Howard St*

Remarks,

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, I shall become the duty of the person or persons of such child, and if such person or persons shall neglect to comply with the provisions of this section, shall be liable to be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child occurs without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the time specified, the person so attending shall be liable to report its birth to the Registrar of Vital Statistics, and if he or she fails to do so, he or she shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 29: 94

4. Place of Birth, (Street and Number) 1148 N. Carey St

5. Full Name of Mother, Mrs L. Carey

6. Mother's Maiden Name, Owens

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James J. Carey

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. Williams

Address, 1128 Cathedral St

Remarks, _____

18940004793

RETURN OF A BIRTH. 59013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 21st 1894
4. Place of Birth, (Street and Number) 735 Forest St Baltimore
5. Full Name of Mother, Mrs L J Linnott
6. Mother's Maiden Name, Miss Stick
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, L J Linnott
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, Mrs. W. W. W. W.
- Address, 347 North Calvert St
- Remarks, _____

18940004794

attendance upon the mother, immediately thereafter, and become the duty of the person or persons named in the certificate, and if such person or persons shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, or who fails to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 59014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, 8th of August

4. Place of Birth, (Street and Number) 2026 Wallbrook Avenue

5. Full Name of Mother, Anna Carey Balfour

6. Mother's Maiden Name, Anna Carey Montgomery

7. Mother's Birthplace, Markville, Missis.

8. Full Name of Father, James Balfour

9. Father's Occupation, Merchant

10. Father's Birthplace, London, England

Name of Medical Attendant, or other person who makes this Return, Dr. Reinhard

Address, 222 W. Madison Street

Remarks,

18940004795

attendant upon the mother, immediately thereafter, at the birth of the child, or should no other person be in attendance upon the mother, immediately thereafter, at the birth of the child, the person or persons of such sex and age as shall be designated in the certificate, in the manner and within the time provided in this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59015⁺

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 17th 1894
4. Place of Birth, (Street and Number) 1012 Bonnet Place
5. Full Name of Mother, Maggie Causey
6. Mother's Maiden Name, Maggie Kerley
7. Mother's Birthplace, Ireland
8. Full Name of Father, Samuel J Causey
9. Father's Occupation, Plaster
10. Father's Birthplace, Phila
- Name of Medical Attendant, George B. Reynolds M.D.
or other person who makes this Return,
- Address, 711 N Calvert St
- Remarks, _____

18940004796

RETURN OF A BIRTH. 59016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 2nd 1894

4. Place of Birth, (Street and Number) 1508 Barclay St

5. Full Name of Mother, Ann C. Braden

6. Mother's Maiden Name, Ann C. Garrity

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Braden

9. Father's Occupation, R. R. R. C. R. C.

10. Father's Birthplace, Baltimore George D. Reynolds

Name of Medical Attendant, or other person who makes this Return, 711 N Calvert St

Address,

Remarks,

1 8 9 4 0 0 0 4 7 9 7

attendance upon the mother, immediately thereafter it shall be the duty of the Registrar of Vital Statistics, Board of Health, Baltimore City, to cause the child to be repaid its birth to the Commissioner of Health, in the manner and within the period and under the conditions provided in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child attend to the mother, immediately thereafter it shall become the duty of the person or persons who have attended the mother to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 4, 1874*
4. Place of Birth, (Street and Number) *311 E. Enoch St.*
5. Full Name of Mother, *Mary Hutson*
6. Mother's Maiden Name, *"Hurst*
7. Mother's Birthplace, *Bach. Md.*
8. Full Name of Father, *John Emory Hutson*
9. Father's Occupation, *Freeman*
10. Father's Birthplace, *Bach. Co. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Dr. A. Hartman M.D.*
- Address, *1121 N. Caroline St.*
- Remarks, _____

18740004798

RETURN OF A BIRTH 69018

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"Name of mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ... Male

2. Race or Color, (if not of the white race) ... White

3. Date of Birth, ... June 17/11

4. Place of Birth, (Street and Number) ... 112 E. ... St.

5. Full Name of Mother, ...

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

8. Full Name of Father, ...

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this Return ... Dr. A. Hartman M.D.

Address, ... 1121 N. Caroline St.

Remarks, ...

RETURN OF A BIRTH 59019

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

and the full name of the mother of such child or children."

RETURN OF A BIRTH 59020

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 10, 1904

4. Place of Birth, (Street and Number) 371 E. 1st St.

5. Full Name of Mother, Mary Ann Jones

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, George Washington Jones

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. A. Hartman, M.D.

Address, 1121 N. Caroline St.

Remarks,

Signature of Registrar, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

59021

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Harry Edward

3rd Silverwood

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female) ...

Male.
White

2. Race or Color, (if not of the white race) .

3. Date of Birth, ...

Aug. 13. 1894.

4. Place of Birth, (Street and Number)

1715 18 Broadway.

5. Full Name of Mother, ...

Caroline C. Silverwood

6. Mother's Maiden Name, ...

" Attermohle

7. Mother's Birthplace, ...

Balto.

8. Full Name of Father, ...

Jno. Wm. Silverwood

9. Father's Occupation, ...

Clerk.

10. Father's Birthplace, ...

Balto.

Name of Medical Attendant, or other person who makes this Return

W. A. Hartman

Address, ...

1121 1/2 Caroline St

Remarks, ...

10940004802

RETURN OF A BIRTH 59022

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

To be filled out by the mother or the father of the child, or by the medical attendant, or by the registrar of vital statistics.

RETURN OF A BIRTH. 59023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)- 25

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 11th 1894

4. Place of Birth, (Street and Number) 17 St. Mount St

5. Full Name of Mother, Sarah E. Harten

6. Mother's Maiden Name, Daughaday

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Y. Harten

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Jeff M.D.

Address, York Convent Ave

Remarks,

18940004804

RETURN OF A BIRTH. 59024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Attendance upon the mother, immediately thereafter, it shall become the duty of the physician or midwife, or other person be in attendance upon the mother, to report its birth to the Registrar of Vital Statistics, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female). *Female*
2. Race or Color, (if not of the white race). *White*
3. Date of Birth, *August 18th 1894*
4. Place of Birth, (Street and Number) *1117 N. Calhoun St.*
5. Full Name of Mother, *Minnie Reinwald*
6. Mother's Maiden Name, *Weber*
7. Mother's Birthplace, *Mass. Ohio*
8. Full Name of Father, *Ernest W. Reinwald*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Mass. Ohio*
- Name of Medical Attendant, or other person who makes this Return, *John Hoff M.D.*
- Address, *201 N. Carrollton Ave.*
- Remarks, _____

1 8 9 4 0 0 0 4 8 0 5

RETURN OF A BIRTH. 59025-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Edward Louis Page
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race). White
3. Date of Birth. August 28th 1894
4. Place of Birth, (Street and Number). 1105 W. Mosher St
5. Full Name of Mother. Bertha Page
6. Mother's Maiden Name. Heinicke
7. Mother's Birthplace. Virginia
8. Full Name of Father. John M. Page
9. Father's Occupation. Commission Merchant
10. Father's Birthplace. Virginia

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

John M. Page M.D.
 1014 Carroll Ave

8940004806

Attention upon the mother, immediately thereafter, it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or person who shall become the duty of the person or persons of such attendance upon the mother, immediately after the birth of the child, the person or persons shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1 5

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... White

3. Date of Birth... Aug 6 1894

4. Place of Birth, (Street and Number)... Patterson Park 4 East

5. Full Name of Mother... Sarah R. Jones

6. Mother's Maiden Name... Sarah R. Jones

7. Mother's Birthplace... Baltimore Md

8. Full Name of Father... John H. Jones

9. Father's Occupation... Laborer

10. Father's Birthplace... Baltimore Md

Name of Medical Attendant, or other person who makes this Return... Sarah H. Jones

Address... 325 Patterson Park East

Remarks... healthy

18940004807

Sec. 1. Every person who, being a physician or practitioner of midwifery, or should so other person, be in attendance upon the mother, immediately thereafter, shall become the duty of the person or persons of the child to the Commissioner of Health, in the manner provided in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-9-55
RETURN OF A BIRTH. 59027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gertrude Marie Smith

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 3rd 1894
4. Place of Birth, (Street and Number) 1909 E. Olmsted St
5. Full Name of Mother, Susie Smith
6. Mother's Maiden Name, Sharp
7. Mother's Birthplace, Balti
8. Full Name of Father, George Smith
9. Father's Occupation, cigar maker
10. Father's Birthplace, Balti
- Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingsley
- Address, 1206 E. Preston St
- Remarks,

RETURN OF A BIRTH. 59128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 7th 1894

4. Place of Birth, (Street and Number) 1519 N. Eden

5. Full Name of Mother, Laura J. Adams

6. Mother's Maiden Name, Jennings

7. Mother's Birthplace, Cecil Co. Md

8. Full Name of Father, Harry W. Adams

9. Father's Occupation, Collector

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. P. B. Billings

Address, 1206 E. Prinsel

Remarks,

18940004809

Birth of any child without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, shall be deemed to be a violation of the provisions of the Act, and the person or persons who shall hereafter fail to comply with the provisions of the Act, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

When the attendance of a physician or practitioner of midwifery is required, no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person failing to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 23rd 1894
4. Place of Birth, (Street and Number) 435 E. Pennsylvania St
5. Full Name of Mother, Lizzie Foster
6. Mother's Maiden Name, French
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Foster
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mr. B. Billingslee
Address, 1206 E. Pennsylvania St
Remarks, _____
18940004810

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to cause the child to be reported to the Commissioner of Health, and if the mother or any other person fails to do so, she or he shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 28th 1894

4. Place of Birth, (Street and Number)

1042 Hartford Ave

5. Full Name of Mother,

Jessie Butler

6. Mother's Maiden Name,

Leiper

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Samuel Butler

9. Father's Occupation,

Religious

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other person who makes this Return,

Mr. B. Billingsley

Address,

1206 E. Parson St

Remarks,

18940004811

to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940004812

in case the birth of any child is attended by a physician or practitioner of medicine, the duty of the person or persons in attendance upon the mother, immediately thereafter, is to report the birth of such child to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who fail to do so, shall be liable to a fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

59032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 22/94

4. Place of Birth, (Street and Number)

1116 Cornet st.

5. Full Name of Mother,

Elizabeth J. Cassidy

6. Mother's Maiden Name,

Spence

7. Mother's Birthplace,

Balt

8. Full Name of Father,

John J. Cassidy

9. Father's Occupation,

Baggage Master

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other person who makes this Return.

Edward M. Deane

Address,

2nd Regt. U.S.

Remarks,

5940004813

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the child to report its birth to the Commissioner of Health, in the manner and within the time and under the penalties hereinafter provided, and persons who shall thereafter fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 59053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Aug 25/1904*
4. Place of Birth, (Street and Number) *954 Arzooch St*
5. Full Name of Mother, *Margaret A. Meas*
6. Mother's Maiden Name, *Finnanmae*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Henry L. Meas*
9. Father's Occupation, *Bricklayer*
10. Father's Birthplace, *Balt.*
Name of Medical Attendant, or other person who makes this Return, *Edmund M. Drew*
Address, *208 Arzooch St*
Remarks, _____

RETURN OF A BIRTH.

59046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of medicine, in case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be liable to the penalties of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
 2. Sex, (state whether male or female) Female
 3. Race or Color, (if not of the white race) White
 4. Date of Birth, September 1 94
 5. Place of Birth, (Street and Number) 1922 White St.
 6. Full Name of Mother, Emma Jane Tounson
 7. Mother's Maiden Name, Emma Jane Mills
 8. Mother's Birthplace, Baltimore
 9. Full Name of Father, John Edward Tounson
 10. Father's Occupation, Plasterer
 11. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, J. Arthur Clement M. D.
 Address, 530 N. Calmar St.
 Remarks,

18740004815

RETURN OF A BIRTH. 59047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5th

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) — Oriental

3. Date of Birth, Sept 1, 1894

4. Place of Birth, (Street and Number) 54.6 or see 81

5. Full Name of Mother, Susan B. Oxenberger

6. Mother's Maiden Name, Susan S. Tombo

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo M. Kramberger

9. Father's Occupation.....*Glazier Maker*

10. *Father's Birthplace,* — Baltimore

Name of Medical Attendant, or other person who makes this Return, James A. [unclear]

Address, 914 N. Lincoln St.

Remarks,

1 8 9 4 0 0 0 4 8 1 6

attendance upon the mother, immediately thereafter, it shall become the duty of the parent or other person he in child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over
RETURN OF A BIRTH. 59048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *I*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 1/94*
4. Place of Birth, (Street and Number) *15. S. Castle St.*
5. Full Name of Mother, *Mary (Buttler) Butler*
6. Mother's Maiden Name, *Heilands*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Louis (Buttler) Butler*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balto.*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Deinenhofer*
Address, *2225 Lough str.*
Remarks, *Fullname of child - Michael Leo Butler*

8940604817

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, the mother, immediately thereafter, shall become the duty of the person so attending, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept 1, 1894.
4. Place of Birth, (Street and Number) 2536 Fair Ave.
5. Full Name of Mother Georgeanna Fredle.
6. Mother's Maiden Name, Oliver.
7. Mother's Birthplace, Balt.
8. Full Name of Father, William Fredle.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Mary L. Swayer.
- Address, 524 Canton St.
- Remarks,

18940004818

child to report its birth to the Commissioner of Health, in the manner and within the time specified, and for each person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the payment of a fine of not less than five nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 21

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep 1, 1894

4. Place of Birth, (Street and Number) 3514 East Ave.

5. Full Name of Mother, Lizzie Strogle

6. Mother's Maiden Name, Lizzie Miller

7. Mother's Birthplace, Balto.

8. Full Name of Father, Joseph Strogle

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swaine

Address, 224 Canton St.

Remarks,

8940004819

RETURN OF A BIRTH. 59052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
 Sex whether male or female. *Female*
 Color, (if not of the white race). *White*
 Date of Birth, *1st of May*
 Place of Birth, (Street and Number) *822, 1st Street*
 Name of Mother, *Mrs. J. H. H. H.*
 Maiden Name, *Mary J. H. H.*
 Birthplace, *Baltimore City*
 Name of Father, *John H. H.*
 Father's Occupation, *Doctor*
 Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other person who makes this Return, *Dr. H. H. H.*
 Address, *7th Street*
 Remarks,

No. of
 any such persons,
 added to the sum of

GIVEN NAME ADDED. 3-23-59

RETURN OF A BIRTH. 59053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Wagner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 1894*

4. Place of Birth, (Street and Number) *16 Port St.*

5. Full Name of Mother, *Agnes Wagner*

6. Mother's Maiden Name, *Agnes Piesner*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Julius Wagner*

9. Father's Occupation, *Kaufmann*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other person who makes this Return, *Ellen Smith*

Address, *507 S. Washington St.*

Remarks, _____

8940004822

RETURN OF A BIRTH. 59054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4

1. Sex, (state whether male or female)... male

2. Race or Color, (if not of the white race)... White

3. Date of Birth... September the 2-1874

4. Place of Birth, (Street and Number)... Canyon St No 159

5. Full Name of Mother... Lora A Kelley

6. Mother's Maiden Name... Laura A Stewart

7. Mother's Birthplace... Baltimore

8. Full Name of Father... James E Kelley

9. Father's Occupation... laborer

10. Father's Birthplace... Baltimore

Name of Medical Attendant, or other person who makes this Return... Mr J Kelley

Address... 5019-29 1/2 Within Ave

Remarks...

8940004823

RETURN OF A BIRTH. 59055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 -

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 September

4. Place of Birth, (Street and Number) 1422 Black St.

5. Full Name of Mother, Leiza Klingelhofer

6. Mother's Maiden Name, Robarts

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Klingelhofer

9. Father's Occupation, Leber

10. Father's Birthplace, Missouri

Name of Medical Attendant, or other person who makes this Return, Meri Press.

Address, P. Bond St. 838

Remarks,

any person who, upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, or person or persons, to make this return, and if any such person or persons shall hereafter fail to comply with the provisions of this Act, he or she shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, 1 September 1894
 Place of Birth, (Street and Number) 1506 Charles St
 Full Name of Mother, Maggie Lawrence
 Mother's Maiden Name, Rhoads
 Mother's Birthplace, Baltimore
 Full Name of Father, Wm Lawrence
 Father's Occupation, Laborer
 Father's Birthplace, Baltimore, Md.
 Name of Medical Attendant, or other person who makes this Return, Mrs. E. A. Brakes
 Address, 1506 Charles St
 Remarks, 1000 11th St

18940004825

RETURN OF A BIRTH. 59057.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Sept. 4, 1894
 4. Place of Birth, (Street and Number) 813 Stupper St.
 5. Full Name of Mother, Katie Frederick Fralick
 6. Mother's Maiden Name, Katie Overheart
 7. Mother's Birthplace, Balto
 8. Full Name of Father, John Frederick
 9. Father's Occupation, Labor
 10. Father's Birthplace, Germany
 Name of Medical Attendant, Mary S. Mayne
 Address, 824 Canton St.
 Remarks,

18940004826

In case the birth of any child is attended by a physician or practitioner of medicine, the duty of the person or persons of such attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report on or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 1, 1894

4. Place of Birth, (Street and Number) 3414 Myrtle St.

5. Full Name of Mother, Mathew Monaghan

6. Mother's Maiden Name, Kate Berchelt

7. Mother's Birthplace, Balto.

8. Full Name of Father, George Monaghan

9. Father's Occupation, Brick-layer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Sturgeon

Address, 894 Canton St.

Remarks,

8940004827

RETURN OF A BIRTH. 59059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

Howarth
Male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Address, _____
Remarks, Child's Name Lemmyson David Chapman

Remarks,

Child's Name Lennyson David Chapman

1 8 9 4 0 0 0 4 8 2 8

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to cause the same to be registered with the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)... White
3. Date of Birth... 1 September 1894
4. Place of Birth, (Street and Number)... 808 Chapel St
5. Full Name of Mother... Lena Roubaud
6. Mother's Maiden Name... Lena Vohaldecky
7. Mother's Birthplace... Bohemia
8. Full Name of Father... Charles Roubaud
9. Father's Occupation... Merchant
10. Father's Birthplace... Baltimore
- Name of Medical Attendant, or other person who makes this Return... Delia S. Hunter
- Address... 1045 N. 1st St
- Remarks...

8940004829

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if such person or persons shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

September 18, 1894

4. Place of Birth, (Street and Number)

618 North Washington St

5. Full Name of Mother,

Alice R. Shover

6. Mother's Maiden Name,

Alice R. Eggglass

7. Mother's Birthplace,

Wilmington

8. Full Name of Father,

Robert L. Shover

9. Father's Occupation

Machineist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

L. Bashice, M.D.

Address,

702 S. Broadway

Remarks,

Born 1 P.M.

18940004830

RETURN OF A BIRTH. 59062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, Sept 1 1894
4. Place of Birth, (Street and Number) 1113 Marlboro St Baltimore City
5. Full Name of Mother, Mrs Maria Goshinger
6. Mother's Maiden Name, Miss Maria Whaley
7. Mother's Birthplace, Sumner Co Md
8. Full Name of Father, Mr Louis Goshinger
9. Father's Occupation, Brick Worker
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Mrs Baugle
- Address, 711 Carroll St
- Remarks,

It shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

no other person be in charge of the child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sep. 1st 1894
4. Place of Birth, (Street and Number) X 508 Jefferson st Waverly
5. Full Name of Mother, Hallie A. Beuler
6. Mother's Maiden Name, " " Maston
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Richard F. Beuler
9. Father's Occupation, Clerk
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.
- Address, X 811 Jefferson st Waverly
- Remarks, _____

any person who, immediately thereafter, shall become the duty of the period above required, and
child to report its birth, in the manner and within the provisions of this section shall be sub-
ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

59065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth.

Sept 1st 1894

4. Place of Birth, (Street and Number)

64 W Bover St

5. Full Name of Mother,

Ada M. Schell

6. Mother's Maiden Name,

Ada M. Fitts

7. Mother's Birthplace,

Blue Ridge Summit Pa

8. Full Name of Father,

Frank J. Schell

9. Father's Occupation

Laborer

10. Father's Birthplace,

Cincinnati Ohio

Name of Medical Attendant, or other person who makes this Return.

Mrs. Barge

Address,

711 Bover St.

Remarks.

RETURN OF A BIRTH. 59066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 1st 1894

4. Place of Birth, (Street and Number) No. 412 Spring St

5. Full Name of Mother, Mrs. Annie Sophie Armstrong

6. Mother's Maiden Name, Futchuscher

7. Mother's Birthplace, St. Marys Co. Md.

8. Full Name of Father, Eliakander Armstrong

9. Father's Occupation, Laborer

10. Father's Birthplace, St. Marys Co. Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 412 Spring St

Remarks, Spring as well as can be expected

18940004835

any person who, from the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be liable to a fine of ten (10) dollars for each offense, to be recovered in any court of competent jurisdiction, and the provisions of this section shall be subject to the fine and forfeitures are recoverable

RETURN OF A BIRTH

59167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~ &c.)

1. Sex, (State whether ~~male~~ female)
 2. Race or color, (if not of the white race)
 3. Date of Birth, Sept. 19th 1894
 4. Place of Birth, (Street and Number) 1821 Lorman Street
 5. Full Name of Mother, Ida C. Rowe
 6. Mother's Maiden Name, Prizzell
 7. Mother's Birthplace, Carroll Co
 8. Full Name of Father, Charles Rowe
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Carroll Co
- Name of Medical Attendant, or other person who makes this Return, J. Williams Lusk
- Address, 825 N. Arlington Ave
- Remarks,

18940004836

any child
midwifery, or should no other person be in
attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such
attendance upon the mother, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable
to the fine of ten (\$10) dollars for each offense, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH. 59068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Sept 12/24
4. Place of Birth, (Street and Number) 2322 E. Reddick St
5. Full Name of Mother, Maria V. Miller
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Germany
8. Full Name of Father, Adolph Wilhelm
9. Father's Occupation, Book Binder
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Caroline Miller
- Address, 1605 Chalkers St
- Remarks, _____

1 8 9 4 0 0 0 4 8 3 7

no other person be in the United States, thereafter, it shall become the duty of the mother or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 1 - 1894

4. Place of Birth, (Street and Number)

1316 Light St

5. Full Name of Mother,

Clara Velt

6. Mother's Maiden Name

Clara Burk

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Velt

9. Father's Occupation

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. B. J. J.

Address,

311 Cross St

Remarks,

RETURN OF A BIRTH. 59070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.*4. *Place of Birth, (Street and Number).*5. *Full Name of Mother:*6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 4 8 3 9

RETURN OF A BIRTH. 59071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

18940004840

any person who shall become the duty of the person or persons in charge of the birth, in the manner and within the period above required, and any such person or persons who shall be found guilty of neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 1, 1894

4. Place of Birth, (Street and Number) 1135 Hollins St.

5. Full Name of Mother, Frances Haffle

6. Mother's Maiden Name, Frances Edgerton

7. Mother's Birthplace, Austria

8. Full Name of Father, Charles F. Haffle

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Theodore Becker, M.D.

Address, 914 St. Charles St.

Remarks,

18940004841

RETURN OF A BIRTH

59073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored.*

3. Date of Birth, *Sept 2nd 1894*

4. Place of Birth, (Street and Number) *1237 Wilmore Alley*

5. Full Name of Mother, *Florence Burges*

6. Mother's Maiden Name, *Florence Borms*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Charles Borms*

9. Father's Occupation, *Stevedore*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return. *Charlotte Goldsborough*

Address, *1115 Division St. Balto Md*

Remarks, *18940004842*

report its birth to the Commissioner of Health, in the manner provided in this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Person is an
child to report its birth to the Registrar, shall become the duty of the person or parents of such
any such person or persons who shall hereafter fail to comply with the provisions of this act shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 2, 94

4. Place of Birth, (Street and Number)

2035 E. Balt. St.

5. Full Name of Mother,

Mary E. Thomas

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

Balti. Md.

8. Full Name of Father,

Hezekiah L Thomas

9. Father's Occupation

Coal Merchant

10. Father's Birthplace,

Balti Md

Name of Medical Attendant, or other person who makes this Return,

C. S. Keen M.D.

Address,

1713 Bank St

Remarks,

8940004843

child to report its birth to the Commissioner of the Department of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59075-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *Sept 2nd*
4. Place of Birth, (Street and Number) *237 S. Green St*
5. Full Name of Mother, *Mrs H. H. Christie*
6. Mother's Maiden Name, *Miss Nora Hughes*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John S. Christie*
9. Father's Occupation, *Shipping Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Baer*
- Address, *711 Green St*
- Remarks,

in case upon the mother, immediately thereafter it shall become the duty of the person or persons of such child or children, or of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday Sept 2nd 8.30 A.M.
4. Place of Birth, (Street and Number) 1712 N. Bond St
5. Full Name of Mother, Lizzie Satterfield
6. Mother's Maiden Name, Lizzie Mason
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Harold O Satterfield
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Chas W. Mullins M.D.
Address, 115 N. Mulberry St
Remarks, Balto Md
18940004845

child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law, and for each person who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4th
1. Sex, (state whether male or female)... male
2. Race or Color, (if not of the white race)... White
3. Date of Birth, September 2th 1894
4. Place of Birth, (Street and Number)... No 1211 Purst alley
5. Full Name of Mother, Mary Lawrence
6. Mother's Maiden Name, Mary Welch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Lawrence
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Catherine Hornung
Address, No 1517 Byrd st
Remarks,

18940004846

RETURN OF A BIRTH. 59078 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) male

3. Date of Birth. Baltimore 23rd September 2nd 1894

4. Place of Birth, (Street and Number) 233 Parkin St

5. Full Name of Mother. Mollie Belt

6. Mother's Maiden Name. Mollie Myers

7. Mother's Birthplace. Baltimore

8. Full Name of Father. William Belt

9. Father's Occupation. Labor

10. Father's Birthplace. Frederick city

Name of Medical Attendant, or other person who makes this Return. Mrs Catherine Wilkerson

Address. No 234 Parkin St

Remarks,

8940004847

RETURN OF A BIRTH.

59079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored race

3. Date of Birth,

Sept. 2nd. 1894

4. Place of Birth, (Street and Number)

1417 Temple St.

5. Full Name of Mother,

Lura Jackson

6. Mother's Maiden Name,

Not married

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Delia Duncan

9. Father's Occupation

Laborer

10. Father's Birthplace,

South Boston

Name of Medical Attendant, or other person who makes this Return,

Caroline Patterson

Address,

No. 119 Louise St.

Remarks,

Well as can expect.

Attendance upon the mother, immediately thereafter, if, shall become the duty of the Registrar of Vital Statistics, Board of Health, Baltimore City, to the extent of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 59080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Edward Evans
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 2nd 1894
4. Place of Birth (Street and Number), Wesland Ave 1628
5. Full Name of Mother, Maggie S. Peck
6. Mother's Maiden Name, Maggie S. Kirsch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edmund E. Peck
9. Father's Occupation, Miller
10. Father's Birthplace, Westmoreland Co. Pa.
- Name of Medical Attendant, or other person who makes this Return, Mar. E. Price
- Address, 1628 Wesland Ave
- Remarks, Robert V. Health

GIVEN NAME INDEXED 1-11-94

For. Ann. Stat. thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons failing to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately thereafter, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, September the 2-12-94

4. Place of Birth, (Street and Number) woodward st. No 3-13

5. Full Name of Mother, Barbara Sherrick

6. Mother's Maiden Name, Barbara Lipp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Sherrick

9. Father's Occupation, icebright

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. S. H. Hall

Address, No 17 22 Withers st.

Remarks, _____

18940004850

RETURN OF A BIRTH. 57082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Sept 2nd 94
 4. Place of Birth, (Street and Number) 115 S. Stricker St
 5. Full Name of Mother, Adelle Mc Caulay
 6. Mother's Maiden Name, Adelle Boyer
 7. Mother's Birthplace, Sykesville Md.
 8. Full Name of Father, Wm F. Mc Caulay
 9. Father's Occupation, Telegraph operator
 10. Father's Birthplace, Baltimore Md
 Name of Medical Attendant, or other person who makes this Return, Henry C. Ogle, M.D.
 Address, 1203 West Fayette St
 Remarks, _____

18940004851

in case of the mother, immediate, thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided by any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

59083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3 11 Sept

4. Place of Birth, (Street and Number) 1122 W. Meloy St

5. Full Name of Mother, Salama Ehm.

6. Mother's Maiden Name, Salama Schmidt

7. Mother's Birthplace, New York

8. Full Name of Father, Peter Ehm

9. Father's Occupation, Blacksmith.

10. Father's Birthplace, Pottersville Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Winkelmuth

Address, 14 1/2 E. Eager St.

Remarks, _____

penance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons be in charge of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)... *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *April 2d 94.*

4. Place of Birth, (Street and Number) *1630 W. Mulberry.*

5. Full Name of Mother, *Camelia E. Montague*

6. Mother's Maiden Name, *" Hardesty*

7. Mother's Birthplace, *Ma*

8. Full Name of Father, *Alva Montague*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Pa*

Name of Medical Attendant, or other person who makes this Return,

Norman F. Hill M.D.

Address,

1401 W. Fayette

Remarks,

8 9 4 0 0 0 4 8 5 3

attendance upon the mother, immediately thereafter, it shall become the duty of the person so ordered and the child to report its birth to the Commissioner of Health, and if any person or persons fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, September 2, 1894.

4. Place of Birth, (Street and Number) 2817 Cedar ave.

5. Full Name of Mother, Louisa Aloesta Brown,

6. Mother's Maiden Name, Atkinson.

7. Mother's Birthplace, Ind.

8. Full Name of Father, Charles Wesley Brown

9. Father's Occupation, Contractor.

10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell,

Address, 271 Chestnut ave.

Remarks, _____

18940004854

RETURN OF A BIRTH. 59686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 2. 1894

4. Place of Birth, (Street and Number) Waverly North St No 6

5. Full Name of Mother, Matilda Johnson

6. *Mother's Maiden Name,*

7. Mother's Birthplace, ----- Pa

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Susan Emily Bailey

Address, Stenal No 8 North St

Remarks, Waverly Balto City

8 9 4 0 0 0 4 8 5 5

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st:
1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sep. 2nd, 94.
4. Place of Birth, (Street and Number) Md General Hospital
5. Full Name of Mother, Nellie Smith -
6. Mother's Maiden Name, "
7. Mother's Birthplace, Not known
8. Full Name of Father, "
9. Father's Occupation, "
10. Father's Birthplace, "
Name of Medical Attendant, or other person who makes this Return, J. M. Reel and Mrs.
Address, Md General Hospital.
Remarks,

0440004856

child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 2, 1894
4. Place of Birth, (Street and Number) No. 141 Harford road.
5. Full Name of Mother, Mary Connolly
6. Mother's Maiden Name, Mary Riley
7. Mother's Birthplace, England
8. Full Name of Father, Michael Connolly
9. Father's Occupation, Butcher (Laborer)
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return, Aug. B. Clewelly M.D.
- Address, 1346 Harford ave.
- Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 2nd 1894

4. Place of Birth, (Street and Number) Baltimore

5. Full Name of Mother, Annie Wikoiki

6. Mother's Maiden Name, Annie Borneiko

7. Mother's Birthplace, Polish

8. Full Name of Father, Adelga Borneiko

9. Father's Occupation, Carpenter

10. Father's Birthplace, Polish

Name of Medical Attendant, or other person who makes this Return, Mrs Catherine Mitchell

Address, No 230 Parkin st

Remarks,

18940004858

attendance upon the mother, immediately thereafter, it shall be the duty of the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Mr
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Sept 2. 94
4. Place of Birth, (Street and Number) 1115 Harlee Ave
5. Full Name of Mother, Elizabeth Marie Henri Camille de Grammont
6. Mother's Maiden Name, Elizabeth Astor
7. Mother's Birthplace, England
8. Full Name of Father, Marie Henri Camille de Grammont
9. Father's Occupation, Mechanical Engineer.
10. Father's Birthplace, England
- Name of Medical Attendant, or other person who makes this Return, J. M. Hendley
- Address, 1002 Edmondson Ave
- Remarks, _____

8940004859

RETURN OF A BIRTH. 59091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Male: Alexander
2. Race or Color, (if not of the white race)
3. Date of Birth, 2^d of September
4. Place of Birth, (Street and Number) 1321 Third St Highlandtown
5. Full Name of Mother, Jane Corrie
6. Mother's Maiden Name, Jane Roberts
7. Mother's Birthplace, Glasgow Scotland
8. Full Name of Father, John Corrie
9. Father's Occupation, Binder Maker
10. Father's Birthplace, Govan Scotland
- Name of Medical Attendant, or other person who makes this Return, Lina C. Müller Midwife
- Address, 1600 Halbrook Street City
- Remarks,

5940004860

any such Person or person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Sept. 2, 1894
 4. Place of Birth, (Street and Number) 424 E. Charles St
 5. Full Name of Mother, Mary Kunish
Mary Fialock
 6. Mother's Maiden Name, Germany
 7. Mother's Birthplace, George Konnisch
 8. Full Name of Father, Shoe-maker
 9. Father's Occupation, Germany
 10. Father's Birthplace, M. K. Loosley
 Name of Medical Attendant, or other person who makes this Return, 213 E. Beatty St
 Address, Hoing Well
 Remarks, _____

Take the birth of any child attended upon by a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, in the manner prescribed in the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any person who shall become the mother, immediately thereafter, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 590 93

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 2/94

4. Place of Birth, (Street and Number) 2215 E. Balto. St.

5. Full Name of Mother, Louisa Schamberger

6. Mother's Maiden Name, Gean

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Schamberger

9. Father's Occupation, Builder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dierckhoffer

Address, 2215 Gough St.

Remarks, _____

6440-04862

attestance upon the mother, immediately thereafter, or should any child or any child
child to report its birth to the Commissioner of Health, it shall become the duty of the person or persons in
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2nd September 1894.
4. Place of Birth, (Street and Number) 1204 Canton.
5. Full Name of Mother, Anna Bolewicki
6. Mother's Maiden Name, Lobinski.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Mark Bolewicki.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.
- Name of Medical Attendant, or other person who makes this Return, Abel J. Latschmann.
- Address, 1225 Hare street.
- Remarks, _____

8940004863

any person who shall neglect to report a birth to the Commissioner of Health, in the manner and within the period above prescribed, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd of September 94
4. Place of Birth, (Street and Number) 1942 W. Pratt St.
5. Full Name of Mother, Emilie Schellberg
6. Mother's Maiden Name, Emilie Schütz
7. Mother's Birthplace, Germany
8. Full Name of Father, Emilie Schellberg
9. Father's Occupation, Buchhalter
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife
Address, 2116 West Pratt St.
Remarks,

8940004864

CERTIFICATE CORRECTED 3-11-51
RETURN OF A BIRTH. 590 96

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health
Alice Sophia Grolock

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, ...

8 9 4 0 0 0 4 8 6 5

RETURN OF A BIRTH. 59097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd September 1894
4. Place of Birth, (Street and Number) West Miners St. No. 120
5. Full Name of Mother, Anna Toly
6. Mother's Maiden Name, Therese
7. Mother's Birthplace, Germania
8. Full Name of Father, Martin Toly
9. Father's Occupation, Wool Man
10. Father's Birthplace, Germania
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, Hawthorne St. E. D. G. No. 434
- Remarks, _____

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately thereafter, it shall become the duty of the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

59898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 2, 1904

4. Place of Birth, (Street and Number)

205 Conway Street Baltimore

5. Full Name of Mother,

Lena Loan

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wolf Loan

9. Father's Occupation,

Refiner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Lena Barker

Address,

41 E. York Street Balt.

Remarks,

8940004867

RETURN OF A BIRTH. 59099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth. Sept 2nd 1877

4. Place of Birth, (Street and Number) 530 Chapel St.

5. Full Name of Mother, Mary Ludlyn

6. Mother's Maiden Name.

7. Mother's Birthplace, Germany

8. Full Name of Father, John Ludlyn

9. Father's Occupation Bricklayer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Keptis

Address, 205 N Washington St.

Remarks,

1 5 9 4 0 0 0 4 8 6 8

child to report its birth to the Commissioner of Health, in the manner and with the fees required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Out

59100

Name: Elisabeth Katharine Weber

4th

- RECEIVED BY
J. B. BOGGS

Hydrangea Munch

00. La. de. ha. 11

8 9 4 0 0 0 4 8 6 9

child to report its birth to the Commissioner of Health, in the event that any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 1st 94*
4. Place of Birth, (Street and Number) *2221 E Monument St*
5. Full Name of Mother, *Rosa Sommers*
6. Mother's Maiden Name, *Rebbie*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Thos. H. Sommers*
9. Father's Occupation, *Brick Layer*
10. Father's Birthplace, *Balto*
Name of Medical Attendant, or other person who makes this Return, *Wm. S. Seligman M.D.*
Address, *1541 E Bayview St*
Remarks,
1 8 9 4 0 0 0 4 8 7 0

RETURN OF A BIRTH. 59102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, Yesterday Sept. 23-12-30 (O'clock)

4. Place of Birth, (Street and Number)..... 512 Third ave.

5. Full Name of Mother, William Anderson Walsh

6. Mother's Maiden Name. William Ward

7. Mother's Birthplace, *Walsingham*

8. Full Name of Father, Frank J. Walsh

9. Father's Occupation Clerk

10. *Father's Birthplace,* Waltham, Mass.

Name of Medical Attendant, or other person who makes this Return.

Address, Martha E. King, \$5.75, Hickory

Remarks. *Baltimore Md*

8 9 4 0 0 0 4 8 7 1

RETURN OF A BIRTH. 59104

[illegible]

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4
Female

2. Race or Color, (if not of the white race).

W. L. L. L.

- 3.
- Date of Birth,*

Sept 3rd / 94

4. *Place of Birth, (Street and Number)*

1821 of cluster at

5. Full Name of Mother,

Mrs. Jettie Brooks

- 6.
- Mother's Maiden Name,*

" John F. Baker

7. *Mother's Birthplace,*

Baltimore Md

8. *Full Name of Father,*

Mr. Preston Brooks

- ### 9. Father's Occupation

Machinist

10. *Father's Birthplace,*

Wacknitz
Sally more N. H.

Name of Medical Attendant, or other person who makes this Return.

No. 13

Address.

Remarks.

8 9 4 0 0 0 4 8 7 3

RETURN OF A BIRTH. 59105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd September
4. Place of Birth, (Street and Number) 807 S. Paca St
5. Full Name of Mother, Mrs. Henry Geisel Jr
6. Mother's Maiden Name, Miss Lizzie Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Geisel Jr.
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff
- Address, 2780 Cross Str.
- Remarks,

8940004874

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, of birth, and the date, time, place, sex, color, the full name and occupation of the physician or midwife, and the name of the person who has been conferred the license to practice medicine or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall report its birth to the office of the Commissioner of Health. In case the birth of any child shall occur within the month and every month to the office of the Commissioner of Health, and the physician or midwife shall neglect to report its birth to the office of the Commissioner of Health, he or she shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

59106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8940004875

Male

White

Sept 3/94

710 N Fulton St

Jalpa Smith

" Smith

Baltimore

John C Math

Wholesale Druggish

Baltimore

Thomas Opie Med

219 W Monument St

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female),....

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8-5-4-0-0-0-4-8-7-6

Health. This schedule shall contain a list of the birth(s) which have occurred under his or her care during the preceding month, and shall set forth as far as possible the full name of each child, if any shall have been acquired; his sex, color, the full name and occupation of the parents, the date and place of birth; and the date and place of acquisition, if acquired; the date of the last examination of the child, and the results of such examination. The physician shall certify that the child is free from contagious diseases, and shall indicate the date of the last examination of the child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in compliance with the provisions of this section, shall be authorized to receive from the State a fee of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Registrar of Births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the child shall be delivered, duly signed by the practitioner in the form of a certificate, and the same shall be returned to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child the only of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 59107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 30, 1894*
4. Place of Birth, (Street and Number) *721 N. Lexington St.*
5. Full Name of Mother, *Mrs Ida Belle Baker Hancock*
6. Mother's Maiden Name, *" " "*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *Chas. A. Hancock*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Balt*
- Name of Medical Attendant, or other person who makes this Return, *J. D. Galt*
- Address, *1214 Indiana*
- Remarks, _____

18940004877

RETURN OF A BIRTH. 59108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Sept. 3rd 1891
 4. Place of Birth, (Street and Number) # 637 Patterson Pk. Ave.
 5. Full Name of Mother, Emma Frederick
 6. Mother's Maiden Name, Emma Meister
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, George Frederick
 9. Father's Occupation, Baker
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor
 Address, # 615 Patterson Pk. Ave.
 Remarks, 1 8 9 4 0 0 0 4 8 7 8

RETURN OF A BIRTH. 59109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 3rd 1894

4. Place of Birth, (Street and Number) 1712 Rebecca Street

5. Full Name of Mother, Annie Mc Lane

6. Mother's Maiden Name, Annie Reinhardt

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, George Mc Lane

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1712 Eastern Ave Balto Md.

Remarks, 18940004879

month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, age, date of birth, and color, the full name and occupation of its parents, the date and place of birth, and the date of its death, if it has died, and the date of its burial, if it has been buried. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, or if the child shall die without the attendance of a physician or practitioner of health, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 3rd 1894

4. Place of Birth, (Street and Number) 1703 W Cross St

5. Full Name of Mother, annie mix

6. Mother's Maiden Name, " Sidenhall

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J mix

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo R Kahan

Address, 725 Columbia Ave

Remarks, 8940004880

Baltimore under whose charge our superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born during the month), and the name and occupation of the mother, and the name and occupation of the father, and the date of birth, and the place of birth, and the name of the medical attendant, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such report, in or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 3, 1894

4. Place of Birth, (Street and Number) Christian? st. No 1713

5. Full Name of Mother, Mary Black

6. Mother's Maiden Name, Mary Wolf

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Black

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mr. S. Kelly

Address, No 1722 W. Thacker St.

Remarks, 8940004881

RETURN OF A BIRTH. 59112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.
1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 3. September.
4. Place of Birth, (Street and Number) St. 2000 Washington Street.
5. Full Name of Mother, Kunigunde W. W. W.
6. Mother's Maiden Name, Kunigunde Dietrich.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Wm. W. W.
9. Father's Occupation, a Businessman.
10. Father's Birthplace, Baltimore.
Name of Medical Attendant, or other person who makes this Return, Mary Gloss.
Address, N. 1933. Fairmount. et. v.
Remarks,

1 8 9 4 0 0 0 4 8 8 2

RETURN OF A BIRTH. 59113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Sept. 3, 1894.*
4. Place of Birth, (Street and Number) *No. 1228 Lafayette Street*
5. Full Name of Mother, *Frederica Redman.*
6. Mother's Maiden Name, *Frederica Frechling.*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *Edward Redman.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Germany.*
Name of Medical Attendant, or other person who makes this return, *Rev. A. Clewell, M.D.*
Address, *1241 Hartford Ave.*
Remarks,

8940004883

RECORDED OF A BIRTH

59115-

To the Office of Registrar of Vital Statistics, ~~Dept.~~ of Health, Baltimore City.

Name: Robert Francis Hargest

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 3, 1894
4. Place of Birth, (Street and Number) No. 118 Hayford road
5. Full Name of Mother, Mary Hargest.
6. Mother's Maiden Name, Mary Gollen.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Andrew P. Hargest.
9. Father's Occupation, Plasterer.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 4 8 8 5

[illegible]

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 59116

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 3, 94*
4. Place of Birth, (Street and Number) *101 W. Franklin St*
5. Full Name of Mother, *Jenna W. Johnson*
6. Mother's Maiden Name, *Brock*
7. Mother's Birthplace, *Penna.*
8. Full Name of Father, *Robert Johnson*
9. Father's Occupation, *Physician & Surgeon*
10. Father's Birthplace, *Rochester - Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Wilmer Brumby per R. H. Johnson*
Address, *Baltimore - Calvert St. City*
Remarks,

8 9 4 0 0 0 4 8 8 6

Health. This schedule shall contain a list of the births which have occurred under its or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred in sex, date and place of birth, date and place of residence, the date and place of death, and the date and place of burial, and shall be signed by the practitioner in the form of a certificate, and shall be filed in the office of the Registrar of Vital Statistics, and every month to the office of the Commissioner of Health, or should the birth of any child occur without the attendance of a physician, the practitioner of midwifery, or should no other person be in attendance upon the mother, the practitioner of midwifery, or should the birth of any child occur without the attendance upon the mother, the Commissioner of Health, in the manner and within the time specified in this section, shall be subject to report to the Registrar of Vital Statistics, and every month to the office of the Commissioner of Health, and to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Sept. 3/94*
 4. Place of Birth, (Street and Number) *Maternity Hospital, 115 W Lombard St*
 5. Full Name of Mother, *Lula Burns*
 6. Mother's Maiden Name, *"*
 7. Mother's Birthplace, *Maryland*
 8. Full Name of Father, *Unknown*
 9. Father's Occupation, *"*
 10. Father's Birthplace, *"*
 Name of Medical Attendant, or other person who makes this Return, *Alfred J. Gundry M.D.*
 Address, *115 W Lombard St*
 Remarks, *8940004887*

RETURN OF A BIRTH. 59118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1st

1. Sex, (state whether male or female)..... Female

2. Race or Color, (if not of the white race)..... White

3. Date of Birth..... Sept 3. 1894

4. Place of Birth, (Street and Number)..... St. Vincent's Inf. Asylum

5. Full Name of Mother..... Mary Sullivan

6. Mother's Maiden Name.....

7. Mother's Birthplace..... Ireland

8. Full Name of Father..... Not known

9. Father's Occupation.....

10. Father's Birthplace.....

Name of Medical Attendant, or other person who makes this Return..... Dr. Le. Res. M.D.

Address..... 601 Leroy St.

Remarks.....

8940004888

RETURN OF A BIRTH. 59119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 25 94

4. Place of Birth, (Street and Number)

421. Live Monuments St

5. Full Name of Mother,

Maggie Hammond

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baile

8. Full Name of Father,

John Thompson Not known

9. Father's Occupation

Bookbinder

10. Father's Birthplace,

Baile

Name of Medical Attendant, or other person who makes this Return,

Wm Rawland M.D.

Address,

100 Gene Hospital

Remarks,

5940004889

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; the sex of each child, whether male or female; the date and place of birth of the first child, and the day of each and every month to the office of the practitioner in the first and second months of health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, the midwife or other person who shall be required to attend the mother and child, shall be liable to the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59/20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female). *Female*

2. Race or Color. (if not of the white race)

3. Date of Birth. *Sep 4 '94*

4. Place of Birth, (Street and Number) *504 N. Calver St*

5. Full Name of Mother, *Mary Griffin*

6. Mother's Maiden Name, *" Watts*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *William C. Brown*

9. Father's Occupation *Carpenter*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other person who makes this Return, *Barbara Miller*

Address, *1605 Walker St*

Remarks, _____

8940004890

Health, and shall set forth as far as the same can be ascertained the full name of each child, all any child have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the physician or practitioner of Health, in case the birth of any child third day of each and every month, to the Commissioner of Health, or to any physician or practitioner of Health, or to any person or persons who shall be designated by the Commissioner of Health, in the manner and within the time provided in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59/21

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 September
4. Place of Birth, (Street and Number) 1114 Battery Ave
5. Full Name of Mother, Mary Mc Gashy
6. Mother's Maiden Name, " Bannister
7. Mother's Birthplace, Belle
8. Full Name of Father, John J. Mc Nairy
9. Father's Occupation, Oyster Packer
10. Father's Birthplace, Belle
Name of Medical Attendant, or other person who makes this Return, Wm. B. Brooks
Address, 1825 Light St
Remarks, Living Well
1 8 9 4 0 0 0 4 8 9 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 4 8 9 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female).

Girl.

2. Race or Color, (if not of the white race).

white.

3. *Date of Birth,*

4. September

4. *Place of Birth, (Street and Number)*

405. Castles Street

5. *Full Name of Mother,*

Mary Höcker.

6. *Mother's Maiden Name,*

Mary Lou

7. *Mother's Birthplace.*

Baltimore

8. Full Name of Father,

Cosmer Flicker

3. Father's Occupation

Taylor

10. *Father's Birthplace.*

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sissy Kloss.

Address,

of 1933. Fairmount. et. v.

Remarks,

8 9 4 0 0 0 4 8 9 4

RETURN OF A BIRTH. 59126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)....

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks. --

8 4 4 0 0 0 4 8 9 5

[illegible]

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name of the practitioner in the form of a certificate between the first and said schedule shall be filed every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie May Taylor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 4th 1894*
4. Place of Birth, (Street and Number) *504 Eastern Avenue*
5. Full Name of Mother, *Emma Taylor*
6. Mother's Maiden Name, *Emma C. Englehard*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Wm. J. Taylor*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mary Engelhardt*

Address, *1212 Eastern Ave. Balto. Md.*

Remarks.

GIVEN UNDER MY HAND AND SEAL OF THE CITY OF BALTIMORE, THIS 24th DAY OF SEPTEMBER, 1894.

1894 40004200

RETURN OF A BIRTH. 59131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) shall have been conferred) its sex, color, the date and place of birth, the name of the mother, and the name of the father, and the name of the physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of the child, in the manner and within the time and under the penalty provided in this section shall be submitted to the Registrar of Vital Statistics, and the same shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI
 1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Sept. 4/94
 4. Place of Birth, (Street and Number) 903 Hillier str.
 5. Full Name of Mother, Ellida Mahoney
 6. Mother's Maiden Name, Cook
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, William Mahoney
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Ireland
 Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer
 Address, 2225 Gough str.
 Remarks, _____

18940004901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or femule)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 4 9 0 2

In case the birth of any child is reported to the Commissioner of Health, in the manner and within the time specified in this section, and the child is thereafter found to be illegitimate, the person or persons who reported the birth shall become the duty of the person or persons so reported, and the child shall be supported by the Commissioner of Health, in the manner and within the time specified in this section, shall be subject to the provisions of the law relating to the recovery of child support in such person or persons who report the birth, and the child shall be subject to the provisions of the law relating to the recovery of child support in such person or persons who report the birth. In case the birth of any child is reported to the Commissioner of Health, in the manner and within the time specified in this section, and the child is thereafter found to be illegitimate, the person or persons who reported the birth shall become the duty of the person or persons so reported, and the child shall be supported by the Commissioner of Health, in the manner and within the time specified in this section, shall be subject to the provisions of the law relating to the recovery of child support in such person or persons who report the birth, and the child shall be subject to the provisions of the law relating to the recovery of child support in such person or persons who report the birth.

month, and shall set forth as far as the name can be ascertained, the full name and occupation of its parent, the date and place of birth, and the date of its birth, and shall be signed by the practitioner in the form of a certificate between the first and third day of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, the practitioner shall report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59/83

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W. Lite

3. Date of Birth, Sep. 4th 1894

4. Place of Birth, (Street and Number) # 623 Madison St Waverly

5. Full Name of Mother, Eva, B. Leach

6. Mother's Maiden Name, Walker

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, G. Thomas Leach

9. Father's Occupation, Steam fitter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. R. R. Ransom M.D.

Address, # 811 Jefferson St Waverly

Remarks,

18940004903

RETURN OF A BIRTH 59134
 Health Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female).

3. *Date of Birth,*

5. Full Name of Mother,

7. *Mother's Birthplace,*

9. *Father's Occupation,*

Name of Medical Attendant, or other person who makes this Return.

Remarks,

month, and may set a birth as far as the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed and sealed, to the Registrar of Vital Statistics, on the third day of each and every month to the office of the Commissioner of Health, or should the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur in the home of the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59135-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third 3rd*

1. Sex, (state whether male or female) *Both Males*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *9-4-94*

4. Place of Birth, (Street and Number) *2501 Lakeside St*

5. Full Name of Mother, *Lucille Young*

6. Mother's Maiden Name, *Moore*

7. Mother's Birthplace, *W. Va.*

8. Full Name of Father, *J. H. Young*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *England*

Name of Medical Attendant, or other person who makes this return, *W. L. Fry*

Address, *2414 D. St. Ave.*

Remarks, *1st P.O. 2nd L.S.P. Fair*

8940004905

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, 121

Address,

Remarks,

8 9 4 0 0 0 4 9 0 6

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~male~~, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks,

8 9 4 0 0 0 4 9 0 7

[illegible]

RETURN OF A BIRTH 59/38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First -

Female

White

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

Sept- 4" 1894

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

823 Ramsay Street-

5. Full Name of Mother,

Ida B. Metcalf

Gibson

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

Virginia

8. *Full Name of Father,*

Frank L. Metcalf

Leleste

9. *Father's Occupation,*

Maryland

10. *Father's Birthplace,*

E. L. Garcia M. O.

Name of Medical Attendant, or other person who makes this Return.

Address,

Address, _____
Remarks, Died five days after birth,
0940004908

8 9 4 0 0 0 4 9 0 8

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)..... male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Sept 14 1894

4. Place of Birth, (Street and Number) 22 Garvey Road

5. Full Name of Mother, Gillie Donald

6. Mother's Maiden Name, Lillie Lou

7. Mother's Birthplace, Charles Co Md

8. Full Name of Father, John Randall

9. Father's Occupation, Teacher

10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. Miss M. J. J. J.

Address, Carroll and

Remarks,

8 9 4 0 0 0 4 9 0 9

month, and shall set forth as in and to the satisfaction of the Registrar, the full name of each child, (if any shall have been conferred) the date and place of birth, and the date and place of death, if any child shall be delivered, only signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and child to report or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be fined or imprisoned, or both, at the discretion of the Court, and the provisions of this act shall be enforceable.

RETURN OF A BIRTH. 59140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940004910

RETURN OF A BIRTH. 59/41

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, &c.)

1. Sex, (~~State whether male or female~~) female... Colored
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 4th 1944
4. Place of Birth, (Street and Number) 633 Vine St-
5. Full Name of Mother, Louisa Braxton
6. Mother's Maiden Name, Redmon
7. Mother's Birthplace, Howard Co. Md.
8. Full Name of Father, Joseph R. Braxton
9. Father's Occupation, Carver
10. Father's Birthplace, Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return, Frank W. Hummer MD
Address, 322 W. Tremont St
Remarks, 8940004911

RETURN OF A BIRTH. 59142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendants, or other person who makes this Return.

Address, 575 Hickory at transfer station c/o of

Remarks.

8 9 4 0 0 0 4 9 1 2

RETURN OF A BIRTH. 59/43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

- | | |
|--|--------------------|
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | 4. September |
| 4. Place of Birth, (Street and Number) | Port. St. 1038 |
| 5. Full Name of Mother, | A. Louise Helwig |
| 6. Mother's Maiden Name, | " " Fuhs |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | Mr. Hermann Helwig |
| 9. Father's Occupation | Labour |
| 10. Father's Birthplace, | Germany |

Name of Medical Attendant, or other person who makes this Return.

Address. Hall St. 1331 Louis Point

Remarks.

1 8 9 4 0 0 0 4 9 1 3

month, and shall act forth as far as the same can be ascertained, the full name of each child, its age, and have been conferred, its sex, color, the full name and occupation of its mother, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of the certificate, to the first and second of each, and every month to the office of the Commissioner of Health. In case the birth of a child shall occur, or the mother shall be delivered, or the child shall be born, the practitioner shall be under the duty of reporting to the Commissioner of Health, or should no other period be in attendance upon the mother, the practitioner shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the month of the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of the law, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3rd

1. Sex, (state whether male or female)... female

2. Race or Color, (if not of the white race)... White

3. Date of Birth... 4th of September 1904

4. Place of Birth, (Street and Number)... 2002 Christian St

5. Full Name of Mother... Louise Lorenz

6. Mother's Maiden Name... Louise Fischer

7. Mother's Birthplace... Germany

8. Full Name of Father... Reinhardt Lorenz

9. Father's Occupation... Fleischhacker

10. Father's Birthplace... Germany

Name of Medical Attendant, or other person who makes this Return... Friederike Heuser Widenhofer

Address... 2116 W Pratt St

Remarks...

8940004915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number) *M*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, 14

Address,

Remarks,

8 9 4 0 0 0 4 9 1 6

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

2. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

8 9 4 0 0 0 4 9 1 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date of birth, the color, the full name and occupation of its parents, the date and place of birth, and the date when the child was delivered, and the date when the child was received into the hospital. The said certificate shall be delivered daily by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, to the office of the Commissioner of Health, in the manner and within the period above required, and the practitioner shall be liable to a fine of ten dollars if he or she shall fail to comply with the provisions of this section. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or practitioner of midwifery, or upon the attendance of the mother, immediately thereafter it shall become the duty of the physician or practitioner of midwifery, or of the mother, to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

59148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

I

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Sept 4, 1894.

4. Place of Birth, (Street and Number)

1007 Wagon Alley -

5. Full Name of Mother,

Lilla Queen

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant or other person who makes this Return,

Nancy N. Arthur M.D.

Address,

622 W. Lombard St

J. Res. Dr. Phys

Remarks,

18940004918

RETURN OF A BIRTH. 59149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)... *Female*
Bl

2. Race or Color, (if not of the white race).

3. Date of Birth, Sept 4 1894.

4. Place of Birth, (Street and Number) 1024 Wagon Way

5. Full Name of Mother, Mary Johnson

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address, 677 W. Lombard St

Remarks.

8 9 4 0 0 0 4 9 1 9

[illegible]

RETURN OF A BIRTH. 59150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name of its parents, the date and place of birth, and the said schedule shall be delivered, month to the office of the Commissioner of Health, on or before the third day of the month following the month in which the child was born, and should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, any such person who neglects to comply with the provisions of this act, shall be liable to a fine of ten dollars, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *Sept. 3, 98*
 4. Place of Birth, (Street and Number) *119 S. Exeter St*
Katie Shulthies
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace, *Baltimore*
Michael Shulthies
 8. Full Name of Father,
 9. Father's Occupation
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mrs C. Bernstein*
122 S. Exeter St
 Address,
 Remarks, *18940004920*

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, and its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, to which any person shall occur without the attendance of a physician, and shall be subject to the duty of the person or persons of such child, or any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18740004921

RETURN OF A BIRTH 59152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (*State whether male or female*)

2. Race or color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks.

[illegible]

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

59153

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2^d)*
1. Sex (state whether Male or Female). *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 5th 1894*
4. Place of Birth (Street and Number) *1308 Riggs St.*
5. Full Name of Mother *Jennie L. Kelley*
6. Mother's Maiden Name *Simpson*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Joseph D. Kelley*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore, Md.*
Name of Medical Attendant, or other Person who makes this Return. *Charles Lutz.*
Address *312 N. Carey St.*
Remarks

1 8 9 4 0 0 0 4 9 2 3

RETURN OF A BIRTH. 59154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 5th

4. Place of Birth, (Street and Number) No. 119 Hamburg St.

5. Full Name of Mother, Florence Hartman

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Balts. City

8. Full Name of Father, Adam Hartman

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Balts. City

Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Dulaney

Address, No 721 Columbia Ave.

Remarks,

8940004924

Keep in mind, however, that the Registrar of Vital Statistics, Board of Health, Baltimore City, shall not be held responsible for any error or omission in the foregoing information, and that the Registrar of Vital Statistics, Board of Health, Baltimore City, shall not be held responsible for any error or omission in the foregoing information, and that the Registrar of Vital Statistics, Board of Health, Baltimore City, shall not be held responsible for any error or omission in the foregoing information.

RETURN OF A BIRTH. 59153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)-

1. Sex, (state whether male or female).—

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 4 9 2 5

[illegible]

RETURN

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

George Joseph
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*.....
4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

5. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*—

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 223 N. Patterson Ave. 4-31-54

Remarks, 8 9 4 0 0 0 4 9 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

59157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the name can be ascertained the full name of each child, of any shall month, and shall set forth as far as the name can be ascertained the full name of each child, of any shall month, and shall set forth as far as the name can be ascertained the full name of each child, of any shall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 5 1884

4. Place of Birth, (Street and Number) Jackson St Harmesburg

5. Full Name of Mother, Rosa Lawrence

6. Mother's Maiden Name, Wolf

7. Mother's Birthplace, Ind

8. Full Name of Father, Joseph Lawrence

9. Father's Occupation, Basket Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Henry Westbrook M.D.

Address, 237 Clarendon Ave

Remarks, _____

RETURN OF A BIRTH. 59158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 10 1907
4. Place of Birth, (Street and Number) St. Louis, Mo.
5. Full Name of Mother, Ann M. Campbell
6. Mother's Maiden Name, Wright
7. Mother's Birthplace, St. Louis, Mo.
8. Full Name of Father, Samuel M. Campbell
9. Father's Occupation, Engineer
10. Father's Birthplace, St. Louis, Mo.

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, 8920004928

month, and shall set forth as far as the same may be ascertained the full name of each child, or any child, who has been conferred its sex, color, the full name and occupation of its parents, the date of its birth, and the date of its birth certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the second of every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month of January, the father or mother, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period and penalty of such child, shall report its birth to the Commissioner of Health. In the event any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars; each offense, to be covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 5th 1894

4. Place of Birth, (Street and Number) Roland Park - City residence 1917 Easton St

5. Full Name of Mother, Adele Snowden

6. Mother's Maiden Name, Van

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Milton Snowden

9. Father's Occupation, Lawyer

10. Father's Birthplace, Amnapolis

Name of Medical Attendant, or other person who makes this Return, Chas E Sadler

Address, 2100 Broad Hill Ave

Remarks, 189400041929

been conferred: its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, within the office of the Commissioner of Health, in case the latter person be in attendance upon the mother, immediately thereafter, and in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address 42 / F. Crav

Remarks.

8 9 4 0 0 0 4 9 3 0

been conferred the sex, color, the full name and occupation of the parents, the date and place of birth, and the certificate and date of delivery, duly signed by the practitioner in the form of a certificate between the first and third years without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, _____
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____

Father's Birthplace, _____
 Name of Medical Attendant, _____, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 4 9 3

[illegible]

RETURN OF A BIRTH. 59162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).—

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father.

9. *Father's Occupation:*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, 419 Lewis Street

Remarks, Doing well as can be seen

8 9 4 0 0 0 4 9 3 3

alliance since "the Government has no interest in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, excepted to the rule of ten dollars for each offense."

month, and any act birth as for the date of birth; and the
 been conferred its sex, color, the date and place of birth; and the
 and schedule shall be duly signed by the (the Commissioner of Health, or should no other persons of such
 third day of each month, the attendance of a physician or practitioner of medicine, and within the time required, and
 shall occur upon the mother (Commissioner of Health, or should no other persons of such
 child to report its birth to the Commissioner of Health, or should no other persons of such
 any such person or persons who shall hereafter be required to be recovered as other fines and forfeitures are recoverable.
 jected to the date of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59164 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth. Sept. 5/94

4. Place of Birth, (Street and Number) 739 Penna. St.

5. Full Name of Mother, Mrs. Florence Hobbs

6. Mother's Maiden Name, Florence Ford

7. Mother's Birthplace, Balto. Co. Md.

8. Full Name of Father, Levi J. Hobbs

9. Father's Occupation, Conductor

10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return. E. A. Smith M. D.

Address. 2505 Penna. Ave.

Remarks. 18940004934

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child

3rd child.
Male

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks.

8 9 4 0 0 0 4 9 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name of its parents, the date and place of birth, and the name of the practitioner in the case of a certificate between the mother and child, or the day of each and every occurrence of a physician or it shall become the duty of the mother or parents of such child to appear before the Registrar of Vital Statistics, Baltimore City, within the period above required, to be subject to the provisions of this act, and if they fail to do so, they shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race). White

3. Date of Birth. Sept 5 1894

4. Place of Birth, (Street and Number). Ann St. 721

5. Full Name of Mother, Maria Darenelski.

6. Mother's Maiden Name, Yelintski

7. Mother's Birthplace, Deland

8. Full Name of Father, Michael Darenelski

9. Father's Occupation, Laborer

10. Father's Birthplace, Deland

Name of Medical Attendant, Henry Rudyka

Address, 612 Bond St

Remarks, 18940004936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

8. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 4 9 3 7

[illegible]

RETURN OF A BIRTH ^{59/69}
 of the Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

75

Male

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

Sept 5 - 1894

3. Date of Birth,

1124 Battone St

4. Place of Birth (Street and Number),

Mr Thomas Greaves

5.. Full Name of Mother,

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

Thos. Greasitt

S. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

or other person who
makes this Return.

Address,

Remarks,

8 9 4 0 0 0 4 9 3 8

[illegible]

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. In case the birth of any child shall occur without the attendance of a physician, the parents shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 591711.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 5, 1894

4. Place of Birth, (Street and Number) Free Lying-in Hospital, 622 W. Lombard St.

5. Full Name of Mother, Amie Taylor

6. Mother's Maiden Name, Amie Taylor

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur M.D.

Address, 622 W. Lombard St. Resident Phys.

Remarks,

1 8 9 4 0 0 4 9 3 9

RETURN OF A BIRTH. 59171
Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____ female _____

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. Date of Birth, _____
(Street and Number)

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*.....

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

[illegible]

RETURN OF A BIRTH. 59172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Sept. 5, 1894

4. Place of Birth, (Street and Number)

St. Vincent's Infants Asylum

5. Full Name of Mother,

Maggie Smith

6. Mother's Maiden Name,

McCl

7. Mother's Birthplace,

Not known

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Dr. R. B. Smith, M.D.

Address,

601 Lexington St.

Remarks,

18940004941

attendance upon the mother, immediately thereafter, if still become liable, if it shall become the duty of the person above required, and child to report its birth to the Registrar of Vital Statistics, in the manner and within the time hereinbefore provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

59173

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

Female

White.

4

Lying in Hospital - 6/10/44

} Estelle Benson

1. The first part of the document is a list of names and their corresponding dates. The names are: John Doe, Jane Smith, and Bob Johnson. The dates are: 12/12/2020, 12/13/2020, and 12/14/2020.

11. 11. 1961

or other person who

Harry H. Arthur (Mr)
In Resent Phys

Mr. R. S. P. Phys

8 9 4 0 0 0 4 9 4 2

RETURN OF A BIRTH. 59174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 6th 1894.*

4. Place of Birth, (Street and Number) *310 S. Poppleton St.*

5. Full Name of Mother, *Annie S. Johnson.*

6. Mother's Maiden Name, *Annie Saffran*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *William H. Johnson Jr.*

9. Father's Occupation, *Granite Cutter*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return. *Dr. J. H. H. H. H.*

Address, *224 S. Poppleton St.*

Remarks, *2 4 2 2 2 4 2 4 7*

0 9 4 0 0 0 4 9 4 3

RETURN OF A BIRTH. 59175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 59176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) -

2. Race or Color, (if not of the white race) -

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)-*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 4 9 4 5

[illegible]

RETURN OF A BIRTH. 59/77

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored race

3. Date of Birth,

Thurs 6 September

4. Place of Birth, (Street and Number)

Baltimore 1016 N. Front st

5. Full Name of Mother,

Jullie Light

6. Mother's Maiden Name,

Julia Hopkins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jabban Light

9. Father's Occupation,

Householder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs Cordine Patterson

Address,

419 Lewis street

Remarks,

Doing Well

8740004946

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the mother, the date and place of birth, and the said schedule shall be delivered forth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, and shall be subject to the fine of two (2) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the Registrar, to the parent or in the form of a certificate between the first and third day of each month to the Registrar, or to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be present, the birth of such child to report its birth to the Commissioner of Health, and to the Registrar, shall become the duty of such person, and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2nd

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... September 6th 1894

4. Place of Birth, (Street and Number)..... 1614 E. Bond Street

5. Full Name of Mother,..... Emma Abel

6. Mother's Maiden Name,..... Emma Mathew

7. Mother's Birthplace,..... Baltimore Md.

8. Full Name of Father,..... Adam Abel

9. Father's Occupation,..... Box Maker

10. Father's Birthplace,..... Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,..... Mary Engelhardt

Address,..... 1712 Eastern Ave Balto Md.

Remarks,..... 18940004947

RETURN OF A BIRTH. 59179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*—

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 4 9 4 8

[illegible]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of the month in which it shall be delivered, duly signed by the Conductor in the form of a certificate, and the same shall be delivered to the office of the Conductor of the Bureau of Health. In case the first and second certificates are not received, the Conductor shall report its birth to the Commissioner of Health, and any child born in the city, or should no other person or persons be named, the person or persons above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence, to be recovered at other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-26-57
RETURN OF A BIRTH. 59180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emelia Fredericka Trubull
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race)
 3. Date of Birth, Sept. 6th
 4. Place of Birth, (Street and Number) 1154 Remonding St
 5. Full Name of Mother, Bessie Trubull
 6. Mother's Maiden Name, " Ginde
 7. Mother's Birthplace, New York
 8. Full Name of Father, Emil G. Trubull
 9. Father's Occupation, Mechanic
 10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Baltimore City
Address, 100 Remonding St
Remarks, 8940004949

RETURN OF A BIRTH. 59/81

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) — Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 6th 1894

3. Date of Birth, Sept 6 1877

5. Full Name of Mother, *Glossie Holland*

6. Mother's Maiden Name, Josephine Egan

7. Mother's Birthplace, Calvert County

8. Full Name of Father, John Holland

8. Full Name of Father: Walter
9. Father's Occupation: Dr. H.

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, W. Peter W. C. C. C. C.

Address, 508 Preston St.

Remarks, 1 8 8 4 0 0 0 1 8 5 0

8 9 4 0 0 0 4 9 5 0

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 16 1894

4. Place of Birth, (Street and Number) 130 West Hurry St

5. Full Name of Mother, Mary Sherlow

6. Mother's Maiden Name, Mary Hackett

7. Mother's Birthplace, Cambridge

8. Full Name of Father, John Sherlow

9. Father's Occupation, Labourer

10. Father's Birthplace, Virginia

Name of Medical Attendant, Dr. Samuel Lane Wilson
or other person who makes this Return

Address, 124 West Hurry St

Remarks, full 9 months

8940004952

RETURN OF A BIRTH. 59184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, only after the signature of the practitioner in the form of a certificate between the first and third day of each month, to the Office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be present, the birth of such child shall be reported to the Office of the Commissioner of Health, and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 September

4. Place of Birth, (Street and Number) Caroline St. 915

5. Full Name of Mother, Meri Siner

6. Mother's Maiden Name, Wolensky

7. Mother's Birthplace, Hungary

8. Full Name of Father, Peter Siner

9. Father's Occupation, Leberman

10. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return, Marie Prell

Address, J. Bond St 838

Remarks,

1 8 9 4 0 0 0 4 9 5 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be duly signed by the practitioner in the form of a certificate between the first and second of January, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or parent of such child to report its birth to the Commissioner immediately thereafter, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59/86

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6th September

4. Place of Birth, (Street and Number)

611 Broadway St.

5. Full Name of Mother,

Louisa R. Smith

6. Mother's Maiden Name,

Louisa Smith

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph R. Smith

9. Father's Occupation

Straw Hatting

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940004955

RETURN OF A BIRTH. 59187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 6th 1898

4. Place of Birth, (Street and Number) 9 West 4th Avenue

5. Full Name of Mother, Annanda Rose

6. Mother's Maiden Name, Annanda Benson

7. Mother's Birthplace, Maine

8. Full Name of Father, Samuel J. Rose

9. Father's Occupation, Minister

10. Father's Birthplace, Maine

Name of Medical Attendant, or other person who makes this Return, Dr. C. L. Davis

Address, 1325 S. Charles St.

Remarks, 8940004956

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending the mother, or parents of such child to report its birth to the Registrar of Vital Statistics, within the period prescribed, and the person so attending the mother, or parents of such child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the time provided for in such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59/189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 7, 1894

4. Place of Birth, (Street and Number) 1113 Hanover St

5. Full Name of Mother, Dora S. Deihlman

6. Mother's Maiden Name, Dora S. Bold

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick S. Deihlman

9. Father's Occupation, Paper changer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Theodore Cooke, M.D.

Address, 914 W. Lombard St.

Remarks, _____

18940004958

RETURN OF A BIRTH. 59190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 September

4. Place of Birth, (Street and Number) 1620 Patapsco St

5. Full Name of Mother, Mary Frank

6. Mother's Maiden Name, 11 Sanders

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Frank

9. Father's Occupation, Bar Tender

10. Father's Birthplace, Belle

Name of Medical Attendant, or other person who makes this Return, Mrs C K Brooks

Address, 1528 York St

Remarks, 18940004959

RETURN OF A BIRTH. 57191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) - Colored

3. Date of Birth, Sept 7th 1894

3. Date of Birth, Sept 7-1884

4. Place of Birth, (Street and Number) 611 Green Willow Street

5. Full Name of Mother, Ellen B. Dungen

6. Mother's Maiden Name, Ellen R. Crain

7. Mother's Birthplace, Baltimore

8. Full Name of Father, *William R. Dungen*

9. Father's Occupation..... *Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return.

Address, 299 Preston Street

Remarks,

8 9 4 0 0 0 4 9 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

- Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59194
Statistics Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) 7 of

3. Date of Birth. 12/12/1917 (and Number)

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return, _____

Address, -

Remarks.

8 9 4 0 0 0 4 9 6 3

[illegible]

RETURN OF A BIRTH. 59175700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Mary Magdaline McClinton
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Sept. 7, 94
 4. Place of Birth, (Street and Number) 310 W. Russell St.
 5. Full Name of Mother, Mrs. Mary Anne Kirkman McClinton
 6. Mother's Maiden Name, Mrs. Kirkman
 7. Mother's Birthplace, Baltimore, Md.
 8. Full Name of Father, Arthur Thomas McClinton
 9. Father's Occupation, Engineer
 10. Father's Birthplace, B. Wilmington, Del.
- Name of Medical Attendant, or other person who makes this Return, C. C. Rankin, M.D.
- Address, 2000 D. South St.
- Remarks, Normal delivery

1 8 9 4 0 0 0 4 9 6 4

must be filled out in the sex, color, the full name of the parent, the date and place of birth, and the name of the physician or other person who makes this Return. In case the birth of any child has been scheduled, the parent must be notified by the Registrar of Vital Statistics, and the parent must appear at the birth of the child, and if the parent fails to appear, the Registrar of Vital Statistics may cause the child to be taken to the hospital, and the parent may be fined for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address, 427 E. Van N St.

Remarks.

8 9 4 0 0 0 4 9 6 5

[illegible]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is not reported to the office of the Commissioner of Health within the time specified, the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 7 Sep

4. Place of Birth, (Street and Number) 1602 S. Charles st

5. Full Name of Mother, Minnie Kullick

6. Mother's Maiden Name, Minnie Taylor

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Kullick

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. A. J. J. J.

Address, 100 E. E. E. E. E.

Remarks, 1 8 9 4 0 0 0 4 9 6 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks, ...

8 9 4 0 0 0 4 9 6 7

[illegible]

RETURN OF A BIRTH. 59199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 7, 1874

3. Date of Birth, Sept 7, 1877
4. Place of Birth, (Street and Number), 110 Leonard St.

5. Full Name of Mother, Carrie Hoyle

6. Mother's Maiden Name, Cassie Ellis

7. Mother's Birthplace, North Carolina

8. Full Name of Father Edvard K. J. H.

9. Father's Occupation Teacher

10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return.

Address, 509 Preston St

Remarks,

8 9 4 0 0 0 4 9 6 8

[illegible]

RETURN OF A BIRTH 59 100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

No ⁸⁹⁴ ~~Dictator~~ ⁴¹⁰ ~~259~~ ⁶⁹ ~~Kane~~

Child coming quickly.

[illegible]

RETURN OF A BIRTH. 59201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, Sep 7/24

3. Date of Birth, Apr 7/84
4. Place of Birth, (Street and Number) 1119 Little Maryland St

5. Full Name of Mother, *Ma Screener*

6. Mother's Maiden Name, Johna Schenck

7. Mother's Birthplace, *Unck* *Q*

8. Full Name of Father, Morris Screamet

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, Amherst Q

Name of Medical Attendant, or other person who makes this Return.

Address, Yvette C. Lauransky

Remarks, 10228 Lumbard St

8 9 4 5 0 0 4 9 7 0

[illegible]

RETURN OF A BIRTH. 59203
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) to the doctor, the full name and occupation of the person, the date and place of birth, and the said certificate shall be delivered by the practitioner in the form of a certificate to the Commissioner of Health. In case between the first and third day of each and every month or any other day or days of the month, the attendance of a physician or practitioner, or should no other of any child be obtained to report its birth to the Commissioner of Health, it shall become the duty of the mother and within the period or periods of such time as may be determined by the Commissioner of Health, to cause the birth of such child to be reported to the Commissioner of Health, and for each offence to be fined ten (10) dollars for each offence, to be recovered as other penalties and forfeitures are recoverable.

8 9 4 0 0 0 4 9 7 2

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of the month in which the birth occurs, to the Commissioner of Health. In case the birth of an infant shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this provision of law shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59203-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Sep 7 - 1894*
4. Place of Birth, (Street and Number) *132 S. Eden St.*
5. Full Name of Mother, *Barbara Bernat*
6. Mother's Maiden Name, *Wasch*
7. Mother's Birthplace, *York Pa*
8. Full Name of Father, *Maximilian Bernat*
9. Father's Occupation, *Terra Cotta worker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mary Stein*
- Address,
- Remarks,

18940004974

RETURN OF A BIRTH. 59206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 7/94*

4. Place of Birth, (Street and Number) *Maternity Hospital, 115 W Lombard St.*

5. Full Name of Mother, *Huggie Miller*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Unknown*

9. Father's Occupation, *"*

10. Father's Birthplace, *"*

Name of Medical Attendant, or other person who makes this Return, *Alfred T. Gundry M.D.*

Address, *115 W Lombard St*

Remarks, *CHLOROMA*

8 9 4 0 0 0 4 9 7 5

RETURN OF A BIRTH. 59207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 7/94

4. Place of Birth, (Street and Number) Maternity Hospital 115 W. Lombard St

5. Full Name of Mother, Lizzie Gayton

6. Mother's Maiden Name, Lizzie Gayton

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return, Signed: L. Gay Dry M.D.

Address, 115 W. Lombard St

Remarks, 89411004976

8 9 4 0 0 0 4 9 7 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).... Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 7/1944

4. Place of Birth, (Street and Number) Maternity Hospital, 113 N. 2nd St. Denver

5. Full Name of Mother, *Annex Carter*

6. *Mother's Maiden Name*,

7. Mother's Birthplace, Maryland

S. Full Name of Father, Unknown

9. *Father's Occupation*.....

10. *Father's Birthplace,* _____

Name of Medical Attendant, or other person who makes this Return, Alfred T. Gardner, M.D.

Address 115 W. Lombard St.

11/11/2003, 11:11:11 AM

Remarks, 8 9 4 0 0 0 4 9 7 7

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female) Male

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 1, 1884

3. Date of Birth, Sept 9th 1877
4. Place of Birth, (Street and Number) 1115 Jordan ally
St. Louis, Mo.

5. Full Name of Mother, Martha Hawkins
Martha Redon

5. Full Name of Mother, Martha Redout
6. Mother's Maiden Name, Baltimore

6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Illinois

7. Mother's Birthplace, Albany, New York
8. Full Name of Father, Thomas Hawkins

8. Full Name of Father, *John*
9. Father's Occupation, *Blacksmith*

9. Father's Occupation.....*House*
10. Father's Birthplace, *Baltimore*

Father's Birthplace, Baltimore
Name of Medical Attendant, Hector Cotace or other person who makes this Return, Hector Cotace
Dr. H.

Name of Medical Attendance, makes this report
Address, 9-07 Preston St.

Remarks, 1 8 9 4 0 0 0 4 9 8 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered daily at the office of the Commissioner of Health. In case the birth of a child occurs on the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to cause the birth of such child to be recorded in the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Caford race*
3. Date of Birth, *Born September 11 1894.*
4. Place of Birth, (Street and Number) *Harmonet Ave. Baltimore Md.*
5. Full Name of Mother, *Georganna Cole*
6. Mother's Maiden Name, *Georganna Johnson*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Thomas Henry Cole*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Baltimore Md.*
Name of Medical Attendant, or other person who makes this Return, *Georganna Brooks*
Address, *1737 Mullikin Street*
Remarks, *No remark*
1 8 9 4 0 0 0 4 9 8 1

RETURN OF A BIRTH. 59213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Boy.

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 8. September.

4. Place of Birth, (Street and Number) N-214. Centre street.

5. Full Name of Mother, Mary Fleckenstein.

6. Mother's Maiden Name, Mary Dimpling.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Adam Fleckenstein.

9. Father's Occupation, Cannemaker.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, N-1933. Fairmount. A. S.

Remarks,

8940004982

CERTIFICATE CORRECTED ~~8-28-63~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard J. Schuster
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3d
 1. Sex, (state whether male or female)... Male
 2. Race or Color, (if not of the white race)... White
 3. Date of Birth... Sept. 8/94
 4. Place of Birth, (Street and Number)... 1495 Harlem Ave
 5. Full Name of Mother... Annie (Floster) Schuster
 6. Mother's Maiden Name... " Baltimore
 7. Mother's Birthplace... Baltimore
 8. Full Name of Father... George Charles Schuster
 9. Father's Occupation... Matrass Manufacturer
 10. Father's Birthplace... Baltimore
 Name of Medical Attendant, or other person who makes this Return... Thomas C. Mc
 Address... 219 W Monument St
 Remarks... 8940004983

[illegible]

RETURN OF A BIRTH. 59215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

[illegible]

RETURN OF A BIRTH. 59216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940004985

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marvin Stanton Taylor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 4 9 8 6

[illegible]

RETURN OF A BIRTH. 9218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the practitioner in the form of this certificate, to be signed by him or her, and in case the birth of any child is attended by a physician or a midwife, or should no other person be present, the attendance of a physician or a midwife shall become the duty of the person and who shall be required, and child to report its birth to the Registrar of Vital Statistics, in the manner and within the time herein provided, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Sept 8, 1894
 4. Place of Birth, (Street and Number) 1402 Light St.
 5. Full Name of Mother, Lelia D. Fitzpatrick
 6. Mother's Maiden Name, Lelia D. Acton
 7. Mother's Birthplace, Anne Arundel Co., Md
 8. Full Name of Father, Charles D. Fitzpatrick
 9. Father's Occupation, Supt. Dock Boxes, Baltimore Postoffice.
 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Theodore Croken, M.D.
- Address, 914 St. Charles St.
- Remarks, 8940004987

RETURN OF A BIRTH. 59221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 8th 1884

4. Place of Birth, (Street and Number) 1303 Foster Alley

5. Full Name of Mother, Mary E Spriggs

6. Mother's Maiden Name, Mary E. Crummell

7. Mother's Birthplace, Collier City

8. Full Name of Father, William Spriggs

9. Father's Occupation, Carpenter

10. Father's Birthplace, Bedford

Name of Medical Attendant, or other person who makes this Return, Heater Colman

Address, 809 Preston St

Remarks, _____

18940004990

RETURN OF A BIRTH. 59222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, 28 Septemberth 1894

4. Place of Birth, (Street and Number) 1740 Millikin St. Balt. Md.

5. Full Name of Mother, Carrie Miller Gray

6. Mother's Maiden Name, ~~Carrie~~ County Va. Hannah Hudson

7. Mother's Birthplace, Greene County Va

8. Full Name of Father, Richard Hudson

9. Father's Occupation Saw mill laborer

10. Father's Birthplace, Mathu County Va

Name of Medical Attendant, or other person who makes this Return, Georgiana Brooke

Address, 1747 Millikin Street

Remarks, No remark

8 9 4 0 0 0 4 9 9

best interests of the child, the following are hereby declared to be the true and correct intentions of the donor in the form of a declaration in the presence of the witnesses. In case the birth of any child should occur without the attendance of a physician or practitioner of midwifery, the child shall be reported to the mother, immediately thereafter, in the manner and within the period above required, by any adult person or persons who shall hereafter fall to comply with the provisions of this section, shall be valued at the rate of ten (10) dollars for each child, to be covered by other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59224
 Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) _____ female) _____

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation

10. *Father's Birthplace,*

Father's Birthplace, _____
 Name of Medical Attendant, _____ or other person who makes this Return, _____
 11 May 6 1912

Name of Medical Attendant, makes this Return, *H*
Address, *1477 E. Gayler St*

Remarks.

1 8 9 4 0 0 0 4 9 9 3

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1013 E. Lombard St.

Remarks, 8 9 4 0 0 0 4 9 9 4

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, San Francisco

Name of child: Mary M. Female
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
Sex of child, (state whether male or female) Female

1. Sex, (state whether male or female) White
 2. Race, (state whether of the white race) Black

2. Race or Color, (if not of the white race) September 8, 1894
730 Church St.

2. Race or Color, (if not in line) Sept 11
3. Date of Birth, 730 Church St.
and Number) 21. N. W. 11.

3. Date of Birth, _____
4. Place of Birth, (Street and Number) Louisa Miller
Prussia

4. Place of Birth, (Street and No.) House No. 1
5. Full Name of Mother, Lucina
Y. 299 St.

5. Full Name of Mother, *Mr. J. J. O'Connell*
6. Mother's Maiden Name, *Miss O'Connell*

6. Mother's Maiden Name, *Mrs. J. H. Miller*
7. Mother's Birthplace, *Joseph Henry Miller*
Lincoln

7. Mother's Birthplace, _____
8. Full Name of Father, _____

8. Full Name of Father, John J. O'Connell
9. Father's Occupation Und.

9. Father's Occupation, _____
10. Father's Birthplace, _____ or other person who
via Return, _____

Father's Birthplace, _____
 Name of Medical Attendant, _____ or other person who makes this Return, _____
 221 Chestnut Ave. _____

Name of Medical Attendant, _____ makes this _____
Address, _____ 291 Chestnut St _____

Address, _____

Remarks, 1 8 9 4 0 0 0 4 9 9 5

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ش

Leucoc

white.

September 8, 1894

26 George St.

Rebecca Williams.

Adon

ba

David Henry Williams

and

And

Chas. H. Mitchell Esq.

29, Chestnut ave.

8940004996

8940004996

[illegible]

RETURN OF A BIRTH. 59229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)..... male,

2. Race or Color, (if not of the white race) - Indian

3. Date of Birth, 10 11/10 1840, street.

4. Place of Birth, (Street and Number) 1246 [unclear]
1111 [unclear]

5. Full Name of Mother, Marion R. Heston

6. Mother's Maiden Name, *Elizabeth*

7. Mother's Birthplace, *El Dorado, Ark. U.S.A.*

8. Full Name of Father, Francis J. McLaughlin

9. Father's Occupation *Government*

10. Father's Birthplace, St. Petersburg, Russia.

Name of Medical Attendant, or other person who makes this Return, Chas. H. C. J. Sellers, M.D.

Address 1935 1/2 Ave 10001

Remarks

8 9 4 0 0 0 4 9 9.8

RETURN OF A BIRTH. 59230

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date when the child was born, and the date when the child was received by the practitioner in the form of a letter and schedule shall be delivered to the office of the Commissioner of midwifery, in case the birth of any child on the third day of a month the attendance of a physician or a midwife is required, and the date of such attendance upon the mother, Commissioner of Health, in the manner the district in the period above required, and child to report to the persons who shall hereinafter be provided with the provisions of this section, shall be verifiable, and the fee of ten (10) dollars, to be recovered as other fines and forfeitures in this revenue act, shall be the fee of ten (10) dollars, each.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 9/94

4. Place of Birth, (Street and Number) 18 N. Chapple str

5. Full Name of Mother, Josephina Gummer

6. Mother's Maiden Name, " Rubin

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Gummer

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leinenhoper

Address, 2225 Gough str.

Remarks, _____

8 9 4 0 0 0 4 9 9 9

RETURN OF A BIRTH. 59232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

18940005001

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, with to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother shall be in duty bound to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)- 5.

1. Sex, (state whether male or female)...

2. Race or Color. (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1331 Pull st.

Remarks.

8940005002

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name by which it is known, the date and place of birth, and the date and place of its death, and shall be signed by the practitioner in the form of a certificate between the first and said date shall be delivered to the office of the Commissioner of Health, in and to which no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this act shall be liable to a fine of not less than ten dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 59235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 9, 1894*

4. Place of Birth, (Street and Number) *622 S. Charles St*

5. Full Name of Mother, *Emelia Reinhold*

6. Mother's Maiden Name, *Emelia Weakle*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *Charles H. Reinhold*

9. Father's Occupation, *Wagon & Harness*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other person who makes this Return, *M. K. Washen*

Address, *213 E. North St*

Remarks, *894-0005004*

RETURN OF A BIRTH. 59236
 and Statistics Board of Health Baltimore City.

[illegible]

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colar
3. Date of Birth, Sept. 9, 1947
4. Place of Birth, (Street and Number) 1347 W. 1st St. Bacto. Mo.
5. Full Name of Mother, Louise G. Gault
6. Mother's Maiden Name, Louise G. Gault
7. Mother's Birthplace, Edenton, N.C.
8. Full Name of Father, Edmund B. Gault
9. Father's Occupation, Stone Mason
10. Father's Birthplace, Edenton, N.C.
- Name of Medical Attendant, or other person who makes this Return, Dr. J. M. Gault
- Address, 1347 W. 1st St. Bacto. Mo.
- Remarks, 8940005005

RETURN OF A BIRTH. 59237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Sept. 9th 94*

4. Place of Birth, (Street and Number) *101 E. Mulberry St*

5. Full Name of Mother, *Amie Boone*

6. Mother's Maiden Name, *Amie Abel*

7. Mother's Birthplace, *Washington D.C.*

8. Full Name of Father, *Harmon H. Boone*

9. Father's Occupation, *Minister of the Gospel*

10. Father's Birthplace, *Louisburgh N.C.*

Name of Medical Attendant, or other person who makes this Return. *Mrs. Annie Myers*

Address, *7212 Bradley St. Balto Md.*

Remarks,

18940005006

month, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, whether it has been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of delivery, and shall be signed by the practitioner in the form of a certificate between the first and the last of every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month of January, February, or March, the practitioner shall report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-24-58
RETURN OF A BIRTH. 59238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Florence Franklin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Sept. 9th 94.
 4. Place of Birth, (Street and Number) Liberty Road
 5. Full Name of Mother, Jessie Franklin
 6. Mother's Maiden Name, Jessie Shaw
 7. Mother's Birthplace, Ma
 8. Full Name of Father, Herman Franklin
 9. Father's Occupation, Gardener
 10. Father's Birthplace, Ma
- Name of Medical Attendant, or other person who makes this Return, Herman F. Hill M.D.
- Address, 1401 W. Fayette St.
- Remarks,

8940005007

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

1 8 9 4 0 0 0 5 0 0 8

59240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2 ml

Male,

My wife

Sept 9. 1894

I rent it

Kath. V. Brazier

Katie V. Leung

Washington D. C.

Thomas G. Brazier

Subozer

Baltimore M.D.

Elizabeth to Humph

530 East St

8 9 4 0 0 0 5 0 0 9

information transferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the full schedule shall be delivered, daily signed by the practitioner in number of health. In case the birth of any child in the third day of each and every month to the office, or practitioner of health, or should no other person be in attendance without the attendance of the practitioner, it shall become the duty of the person or persons who shall occur upon birth to the Commissioner of Health, in the manner and to the extent provided for and approved, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible]

GIVEN NAME ADDED 7-13-57
RETURN OF A BIRTH

Elizabeth Kearney & Lura Child

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 0 1 0

RETURN OF A BIRTH. 59243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Sept 9 - 1894*

4. Place of Birth, (Street and Number) *1740 N. Chester*

5. Full Name of Mother, *Mary J. Richards*

6. Mother's Maiden Name, *Elliott*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Richards*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Me*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary A. Allwell*

Address, *1438 N. Bond St*

Remarks,

18940005012

RETURN OF A BIRTH. 59224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. In case the birth of any child shall occur within the mother, immediately after the third day of each and estruence of a physician or midwife, or should no other person be present, the mother, immediately after the third day of each and estruence, shall report its birth to the Registrar of Health, in the manner and in the form provided above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Sept. 9. 94
 4. Place of Birth, (Street and Number) 1210 Bank St
Rosa Masina
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace, Italy
 8. Full Name of Father, John Masina
 9. Father's Occupation Seaman
 10. Father's Birthplace, Italy
 Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein
122 S. Exeter St
 Address,
 Remarks, 18940005013

RETURN OF A BIRTH. 59243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex. (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

1 8 9 4 0 0 0 5 0 1 4

[illegible]

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Births and Deaths, within the day of each and every month to the office of the Commissioner of Health. In case the practitioner shall neglect to deliver the said certificate, he shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 9th 98

4. Place of Birth, (Street and Number)

1123 Nolbrook St

5. Full Name of Mother,

Mary Givens

6. Mother's Maiden Name,

Wonsick

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Givens

9. Father's Occupation,

Best Brewer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

S. H. Seldner M. D.

Address,

S. H. Cor Caroline & Eager Sts

Remarks,

18940005015

RETURN OF A BIRTH 9247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 5th 1894*

4. Place of Birth, (Street and Number) *737 S Mountford Ave*

5. Full Name of Mother, *Augusta W. Hoffmann*

6. Mother's Maiden Name, *Day*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Thorwald Hoffmann*

9. Father's Occupation, *Winder at Electric works*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *J. H. Schwabke, M.D.*

Address, *2425 Fair Ave*

Remarks, *8940005016*

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name of its mother, the date and place of birth; and the said certificate shall be signed by the practitioner in the form of a certificate between the first and said child, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of the child, and within the period above required, and child to report its birth to the office of the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race). White

3. Date of Birth. Sept 9th 1891.

4. Place of Birth, (Street and Number). 304 Abram St

5. Full Name of Mother. Mary Gung

6. Mother's Maiden Name. German

7. Mother's Birthplace. Alfred Gung

8. Full Name of Father. Bricklayer

9. Father's Occupation. German

10. Father's Birthplace. Mary Kefke

Name of Medical Attendant, or other person who makes this Return.

Address. 405 1/2 Harrington St,

Remarks.

18940005017

third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect to do so shall be liable to a fine of ten dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, 9th of July 1894

4. Place of Birth, (Street and Number) 2119 West Lexington St

5. Full Name of Mother, Minnie Brown

6. Mother's Maiden Name, Fintzel

7. Mother's Birthplace, Germiney

8. Full Name of Father, Conrad Brown

9. Father's Occupation, Gardener

10. Father's Birthplace, Germiney

Name of Medical Attendant, or other person who makes this Return, M. A. Ledley

Address, 1004 West Lexington St

Remarks,

18940005018

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of its birth shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of its birth, and in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the certificate shall be signed by the mother, immediately thereafter it shall become the duty of the person or persons who shall be present at the birth of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the certificate shall be subject to the provisions of this section. Any person who fails to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered in other sums and forfeitures are recoverable.

RETURN OF A BIRTH. 59250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the proper authorities, to the Registrar of Vital Statistics, on or before the third day of each and every month to which the provisions of this section shall apply, or should no other person be in attendance upon the birth, on or before the third day of the month following the birth, in the manner and to the effect required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 September

4. Place of Birth, (Street and Number) Betschel St. 408

5. Full Name of Mother, Meri Sharon

6. Mother's Maiden Name, Chalevsky

7. Mother's Birthplace, Germany

8. Full Name of Father, Carl Sharon

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Meri Press

Address, 11 Bond St. 838

Remarks,

8940005019

RETURN OF A BIRTH. 59257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th September 1894

4. Place of Birth, (Street and Number) *Baltimore Ind 108 East St*

5. Full Name of Mother, Shirley Dixon

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *St. Francis*

8. Full Name of Father, *Henry H. Jones*

9. *Father's Occupation,* *John J. Lake*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who *Mrs. Mary K. K...*

Address, 4-14 S. Street, Baltimore, Md.

Remarks. Mother and I left at 10:30 - 9-22

8 9 4 0 0 0 5 0 2 0

be conferred by the doctor, the full name and occupation of its parents, the date and place of birth, and the usual surname of the child, and the responsible person in the form of a certificate between the first and third day of each and every month in the office of the practitioner of Health. In case the birth of any child should occur without the attendance of a physician or practitioner of Health, or should no other person be in the family at such time, the mother, immediately thereafter, shall assume the duty of reporting the birth of such child to the Commissioner of Health, in the manner and within the period of time specified in such regulations. No child hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars, and shall be liable to a fine of ten dollars for each offense, to be covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—3

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) — White

3. Date of Birth. 9 September 1894

4. Place of Birth, (Street and Number) - 136 Bradford St

5. Full Name of Mother, Gracia Thompson

6. Mother's Maiden Name, Margaret Carlson

7. Mother's Birthplace, *Norwegen, Europ*
T. S. Thorsen

8. Full Name of Father, Fernando Henrique
Cardoso

9. Father's Occupation..... *Machinist*

10. Father's Birthplace, ... Sweden, Europ
EU

Name of Medical Attendant, or other person who makes this Return, Allen Smith

Address, 504 S. Warhington St

Address, *U.S. ...*

Remarks, ... 8 9 4 0 0 0 5 0 2 1

[illegible]

RETURN OF A BIRTH. 59253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks. . .

1 8 9 4 0 0 0 5 0 2 2

been corrected) the sex, color, the full name and occupation of the parents, the date and place of the birth, the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the mother to report the birth of the child to report its birth to the Commissioner of Health, and within the period above required, and pay the fee thereon, and hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

I

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Sept 9, 1894

4. Place of Birth, (Street and Number)

1117 Harmony Lane

5. Full Name of Mother,

Bessie Trusty

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Harry M. Arthur M.D.

Address,

622 W. Lombard St.

In Res. Phys.

Remarks,

8, 9, 4, 0, 0, 0, 5, 0, 2, 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

8 9 4 0 0 0 5 0 2 4

RETURN OF A BIRTH. 59256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Monday September 10
 4. Place of Birth, (Street and Number) Baltimore No 906 Care Street
 5. Full Name of Mother, Katie Grusse
 6. Mother's Maiden Name, Katie Sweeney
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Charles J. Grusse
 9. Father's Occupation, laborer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, (or other person who makes this Return, Miss D. Loeckmann
 Address, 1225 Care street
 Remarks,

18940005025

month and tenth set forth as far as the same can be ascertained. If any more date and place of birth and the name conferred its sex, color, the full name and occupation of its mother, and the form of a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person be present, shall occur without the mother, immediately thereafter it shall become the duty of the mother, within the period above required, and child to report its birth to the Commissioner of the Department of Health, and within the period above required, and any such person or persons who shall become of first to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59257 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 15

4. Place of Birth. (Street and Number) No 1519 Hanover St

5. Full Name of Mother, Hattie Granger

6. Mother's Maiden Name, Hattie Perdy

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Granger

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore city Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hinton

Address, 161330 Hanover St

Remarks, _____

1 8 9 4 0 0 0 5 0 2 6

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of registration, and the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Board of Health. In case the child shall occur without the attendance of a physician or practitioner of midwifery, or the person or persons be in attendance upon the birth, the parent or parents shall be liable to a fine of ten dollars for each offense, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

that of the first child, which have occurred under the provisions of this act, shall be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

RIVEN NAME ADDED 3-29-56

59258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Emma Beatson *7th Jones*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Sept. 10th 1894

4. Place of Birth, (Street and Number)

2232 Eglar Place Eglar

5. Full Name of Mother

Mrs. Ella Stran Jones

6. Mother's Maiden Name,

Stran

7. Mother's Birthplace,

City

8. Full Name of Father,

Harry R. Jones

9. Father's Occupation,

Manufacturer of Confectionary

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Saml. T. Earle M.D.

Address,

1431 Linden Ave. City

Remarks,

18940005027

RETURN OF A BIRTH. 59259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7-

1. Sex, (state whether male or female)

M-

2. Race or Color, (if not of the white race)

W-

3. Date of Birth.

Sept 10 - 94 -

4. Place of Birth, (Street and Number)

711 Old Gay.

5. Full Name of Mother,

W Fannie G. Doyle -

6. Mother's Maiden Name,

Davis -

7. Mother's Birthplace,

BC

8. Full Name of Father,

W J Doyle -

9. Father's Occupation

Merchant -

10. Father's Birthplace,

BC

Name of Medical Attendant, or other person who makes this Return,

Druggist

Address,

1207 E. Monument St

Remarks,

8940005028

RETURN OF A BIRTH. 59260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return.

Address.

Remarks,

6 9 4 0 0 0 5 0 2 9

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, only signed by the Commissioner of Health, to a certificate between the first and third day of every month to the official or practitioner of midwifery, or should no other person be in attendance upon the mother, to the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons so designated to sign the said schedule to sign the same immediately thereafter. In the manner and provisions of this section shall be authorized to regard its birth to the Commissioner of Health, and should the same be recovered by the person or persons who shall hereafter fall to be recovered as other fines and forfeitures are recoverable under the law of 1904.

RETURN OF A BIRTH. 59261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

3 —

1. Sex, (state whether male or female).

Boy

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

10 September

4. *Place of Birth, (Street and Number)*

936 Chesapeake

5. Full Name of Mother,

Helene Hall

6. *Mother's Maiden Name,*

Helel Pray

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

William Hoell

9. Father's Occupation

B. Backspekkerie

10. *Father's Birthplace,*

Baltimore,

Name of Medical Attendant, or other person who makes this return

on who
Return.

Mari Pres

Address.

at Bond St. 838

Remarks,

8940005030

RETURN OF A BIRTH. 59262 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled, to the office of the Commissioner of Health, on the third day of each and every month, and the person or persons who shall be in the attendance of a physician or practitioner of medicine, or who shall occur upon the mother, immediately thereafter, shall be held responsible for the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, or who shall fail to recoverable, be liable to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 10th September

4. Place of Birth, (Street and Number) 413rd Eastland St.

5. Full Name of Mother, Elizabene Wilson

6. Mother's Maiden Name, Elizabene Armstrong

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Edward McElroy

9. Father's Occupation, leg armorer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. J. White midwife

Address, 1417th E. Eager St.

Remarks,

8940005031

RETURN OF A BIRTH. 59263 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8940005032

month, and shall act both as far as the same can be ascertained, and shall be duly certified to the Registrar of Vital Statistics, Baltimore City, by the practitioner in the form and to the effect hereinafter provided. In case the birth of any child has been conferred its sex, color, the full name of the mother, and the date of birth, and the name of the medical attendant, or other person who makes this Return, shall be reported to the Registrar of Vital Statistics, Baltimore City, by the practitioner in the form and to the effect hereinafter provided, within the third day of the month following the birth of the child. If the practitioner, or other person who makes this Return, shall fail to comply with the provisions of this section, he shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DATE NAME ADDED 11-22-60

RETURN OF A BIRTH.

59264

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: William McLean Graham
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 7
 1. Sex (state whether male or female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth September 10 1894
 4. Place of Birth (Street and Number) Baltimore The Hollough St W. 22
 5. Full Name of Mother Mary Graham
 6. Mother's Maiden Name McLean
 7. Mother's Birthplace Baltimore
 8. Full Name of Father John Graham
 9. Father's Occupation Clerk
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Jane Gray
 Address
 Remarks

1 8 9 4 0 0 5 0 3 3

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 59265- To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940005034

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ☐

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. Father & Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.

8 9 4 0 0 0 5 0 3 6

RETURN OF A BIRTH. 59268
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth, September 10th 1894

4. Place of Birth, (Street and Number) 1017 Wagner st

5. Full Name of Mother, Harriet Scribner

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

3. Full Name of Father.

Father's Occupation.

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks,

WM J. C. DULANEY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 59269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.
 1. Sex, (state whether male or female) Girl.
 2. Race or Color, (if not of the white race) white.
 3. Date of Birth, 10. September.
 4. Place of Birth, (Street and Number) 1721 Fairmount. A. v.
 5. Full Name of Mother, Lucia Hochreiter.
 6. Mother's Maiden Name, Lucia Heil.
 7. Mother's Birthplace, Germany.
 8. Full Name of Father, John Hochreiter.
 9. Father's Occupation, Seaman.
 10. Father's Birthplace, Germany.
 Name of Medical Attendant, or other person who makes this Return, Mary Jones.
 Address, 17233 Fairmount A. v.
 Remarks, 8940005038

RETURN OF A BIRTH. 59270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex.* (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 0 3 9

[illegible]

RETURN OF A BIRTH. 59271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race) 14

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father*

9. Father's Occupation

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 5 0 4 0

and the same conferred in sex, color, the full name and occupation of the parents, the date and place of birth, and the date of death of the child, in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person of such character be present, it shall become the duty of the person or persons within the period above required, and shall occur without the attendance of a physician or midwife, to comply with the provisions of this section, shall be subject to a fine of not less than ten dollars nor more than twenty dollars, to be recovered as other fines and forfeitures are recoverable under the laws of this State.

RETURN OF A BIRTH. 59272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940005041

month, and shall set forth the name of the parent, the date and place of birth, and the name of the medical attendant, or other person who makes this return, and shall be delivered, duly signed by the practitioner of midwifery, or shoulder of such child, or by the mother, or by the father, or by the person or persons who shall become the legal guardian of such child, or by the Commissioner of Health, in the case of a child born within the period above required, and shall be subject to the provisions of this section. shall be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)-

3. *Dale of Birli,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mollier's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks.

8 9 4 0 0 0 5 0 4 2

[illegible]

RETURN OF A BIRTH. 59274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. In case the birth of any child is reported to the Registrar of Vital Statistics by a third party, the Registrar shall require the parent or third party to produce a certificate of the birth of the child, signed by a physician or a midwife, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the time specified in this section. shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

1 8 9 4 0 0 5 0 4 3

59275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

17

Male

Black

Sept 10, 1894

224 Carlton St

Cornelia Ferrell

Harry A. Arthur MD

Medical Attention, ^{make this return.}
622 W Lombard St

In Bed's Phys

1 8 9 4 0 0 0 5 0 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant ^{or other person who} makes this Return.

Address, 622 W Lombard

Remarks, ...

8940005045

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) ... Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept-11-1894

4. Place of Birth, (Street and Number) - Light + No. 1 St
Mexico

5. Full Name of Mother, Williamina Haring

6. Mother's Maiden Name, Wilhelmina Stevens

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph B. Anderson
Edward Anderson

9. Father's Occupation..... Handiwork Farmer
Baltimore

10. Father's Birthplace, Baltimore
or other person who
makes this Return, _____
Medical Attendant, _____

Name of Medical Attendant, or other person who makes this Return, Sheldon Adams
all to be made 31

Name of Member: 914 St. Charles St.
Address: _____

Address, _____

Remarks, _____ 1 8 9 4 0 0 0 5 0 4 6

[illegible]

RETURN OF A BIRTH. 39278
 CERTIFICATE AMENDED 1-26-1970
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Charles Sebastian Keimbach ~~177~~ II

NAME: Charles
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 0 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father.

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, 4215 Wren St

Remarks.

8 9 4 0 0 0 5 0 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 7th child

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race).

White

3. *Dale of Birth.*

September the 11th

4. *Place of Birth, (Street and Number)*

Baltimore May 8. 327

5. *Full Name of Mother,*

Lillie A. Rockel

6. *Mother's Maiden Name,*

Lillie A. Pantz

7. *Mother's Birthplace.*

Baltimore

8. *Full Name of Father,*

Robert Rockel

9. *Father's Occupation,*

Plaster

10. *Father's Birthplace.*

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Seaboe

Address,

Remarks,

8 9 4 0 0 0 5 0 4 9

[illegible]

been collected. The next day, or the day after, duly signed by the practitioner in the form of a certificate between the first and second entries of the birth of a child, or in case the birth of any child is reported to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the physician or other person attending the birth of the child shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, if he fails to comply with the provisions of this section. The fine and imprisonment are recoverable by the State.

RETURN OF A BIRTH. 59282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 11th 1894

4. Place of Birth, (Street and Number) 558 Chestnut St

5. Full Name of Mother, Lora Hampton

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Hampton

9. Father's Occupation, Builder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas E Sadler

Address, 550 Smith St

Remarks, T 8 9 4 0 0 0 5 0 5 1

RETURN OF A BIRTH. 59283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother, Johanna

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*8. *Full Name of Father.*9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 5 0 5 2

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.*4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 5 0 5 4

RETURN OF A BIRTH. 59287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race).

3. *Date of Birth.*4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 818 L. Kar. in A.

Remarks,

8940005056

[illegible]

RETURN OF A BIRTH.
GIVEN NAME ADDED 7-18-67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name; Agnes Mary Hestor
(Child of Mother) state whether 1st, 2d, 3d, &c.)...

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Sept. 11, 1894*
 4. Place of Birth, (Street and Number) *1513 Butler St*
 5. Full Name of Mother, *Mary E. Foster*
 6. Mother's Maiden Name, *Hanslin*
 7. Mother's Birthplace, *Maryland*
 8. Full Name of Father, *William A. Foster*
 9. Father's Occupation, *Fitterman*
 10. Father's Birthplace, *Maryland*
 Name of Medical Attendant, or other person who makes this Return, *J. J. Croucher M.D.*
 Address, *Exeter, N.H.*
 Remarks,

8 9 4 0 0 0 5 0 5 7

57289

City.

9.

ma be

11th September 1894

3040 Boston street.

Chari Kerlinse

Carminzke

Государств.

Jacob Kordinske

La Borer

Gene marry.

Chas. D. Lierse m. a. n. y.

1225 Hare street

8 9 4 0 0 0 5 0 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH ⁵⁹²⁹¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *September 11th 1894*

4. Place of Birth, (Street and Number) *1520 Argyle Ave*

5. Full Name of Mother, *Maggie Henry McCabe*

6. Mother's Maiden Name, *Maggie Henry*

7. Mother's Birthplace, *Lexington Va*

8. Full Name of Father, *Wm H McCabe*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Laytonsville Md*

Name of Medical Attendant, *or other person who makes this return* *AK Bond M.D.*

Address, *889 Park Ave*

Remarks, *18940005059*

any name shall have been entered, the sex, color, the full name and residence of the mother, the place of his birth, and the first and third day of each and every month to the Board of Health, in the form of a birth record, between the first and third day of each and every month, or of a practitioner of midwifery, or should no other person be in attendance of a physician, or of a practitioner of midwifery, or duty of the period above required, except in the cases of the birth of a child, in which case the person, and within the period above required, except in the cases of the birth of a child, in which case the person, and an attending physician, or a practitioner of midwifery, or a person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 59291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. *Sex.* (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 5 0 6 0

59292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

amount, any sum of money, or any other thing of value, shall be conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, date and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the twenty-first day of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the intervention of midwifery, or should no other person be available to report its birth to the Commissioner of Health, the mother, immediately thereafter, shall be under the obligation to report its birth to the Commissioner of Health, in the manner and within the period aforesaid, such child with person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars (ten dollars) for each child and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Sep 11th 1904

4. Place of Birth, (Street and Number) 1205 Hamorn St

5. Full Name of Mother, Louise Schmidt

6. Mother's Maiden Name, Louisa Fritchner

7. Mother's Birthplace, Germany

8. Full Name of Father, William Schmidt

9. Father's Occupation, Cabinmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Saml M Potee

Address, 916 Hamorn St

Remarks, + 894000506 City

month, and shall set forth as far as the same can be ascertained the full name of the child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration, and every month to the office of the Commissioner of the Department of Health, in the form of a certificate between the lines of the schedule. In case the birth of any child shall occur within the month of a physician or practitioner of midwifery, he or she shall attend upon the mother, and if he or she shall neglect to do so, he or she shall be liable to report its birth to the Commissioner of the Department of Health, in the manner and within the period above provided, and if he or she shall neglect to do so, he or she shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 11 th 1894
4. Place of Birth, (Street and Number) No 34 Lehman St
5. Full Name of Mother, Mellie Hoffman
6. Mother's Maiden Name, Mellie McLaughlin
7. Mother's Birthplace, Ameyville
8. Full Name of Father, David Hoffman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, _____
- Remarks, _____
- 8 9 4 0 0 0 5 0 6 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of delivery; and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if such person or persons shall fail to do so, they shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 Sept 1891

4. Place of Birth, (Street and Number) 14 S. Calver St.

5. Full Name of Mother, Elizabeth Green

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Mass.

8. Full Name of Father, Lewis Green

9. Father's Occupation, Druggist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, W. A. J. Greenport

Address, 222 E. Pratt St.

Remarks, 89 4000 520 63

59295

Application for a Transcript of a Record of Birth

BUREAU OF VITAL STATISTICS

Baltimore, _____ 192____

I respectfully ask for a Transcript from the Records of the Registrar of Vital Statistics, Board of Health,
City of Baltimore, relating to the Birth of

Name Leo Starr Col. W. Maiden Name Mother Graves

Date of Birth Sept 11, 1894 Mother's Birth Place _____ Father's _____

Name of Parents William E. Starr Father's Occupation Engineer

For what purpose desired Record Physician or Midwife _____

No. Street where born E. Gidding St.

Name and Residence of

Leo E. Starr
410 Sander St.

Applicant 8940005064

RETURN OF A BIRTH. 59295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940005065

RETURN OF A BIRTH. 69296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) -

3. *Date of Birth,*

4. Place of Birth, (Street and Number)..... 370 E. Central Ave.

5. Full Name of Mother, Henrietta Bernice Lee

6. Mother's Maiden Name, Beckford

7. *Mother's Birthplace,* Andover, Mass.

8. Full Name of Father, Louis Knecht

9. Father's Occupation..... Home Owner

10. *Father's Birthplace,* *W. Va.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 0 6 6

any person who, with intent to defraud, procures or attempts to procure the issuance of a birth certificate, shall be guilty of a crime and shall be liable to a fine of not more than \$1000 and to imprisonment for not more than one year. The provisions of this section shall not apply to a person who procures or attempts to procure the issuance of a birth certificate for a child of such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars (ten dollars) and to imprisonment for not more than one year.

RETURN OF A BIRTH. 59297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Coloured*
3. Date of Birth, *Sept 12th 1824*
4. Place of Birth, (Street and Number) *617 Carlton St*
5. Full Name of Mother, *Mary Smith*
6. Mother's Maiden Name, *Mary Thomas*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Smith*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return.

Address, 204 Preston St.

Remarks.

8 9 4 0 0 0 5 0 6 7

registrar of such birth, and shall enter the same in the birth schedule, to be furnished by the Commissioner of Health. This schedule shall be as far as the name can be ascertained in its parents, the date and place of birth, and the month, season, sex, color, the full name and the name of the physician, and the date of the birth of the child conferred by the Commissioner of Health. In the form of certificate the birth of my child and the birth schedule shall be delivered to the office of the Commissioner of Health, or should no other person be present, to the mother, Commissioner of Health, in the month of the period above required, and on the third day without the attendance of a physician, it shall become the duty of the period above required, and the attendance upon the mother, Commissioner of Health, in the month of the period above required, and the child to report to persons who shall thereat offense, to be recovered as other fines and forfeitures are recoverable, except to the rate of ten (10) dollars.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any male child, the date of birth, the sex, color, the full name and occupation of the father, and the full name and occupation of the mother, and shall be delivered, in the form of a certificate between the first and third days of the month following, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending the child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born Sept 12th 1894

4. Place of Birth, (Street and Number)

2110 Ramsey St

5. Full Name of Mother,

Miss Sophia Pfeifer

6. Mother's Maiden Name,

Mrs " Muller

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

George Pfeifer

9. Father's Occupation,

Labort

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other person who makes this Return.

Mrs. Miller

Address,

2127 W. Pratt St

Remarks,

8940005068

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the parent or guardian, to the Commissioner of Health, on the third day of each and every month, and the Commissioner of Health, or any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending child to report its birth to the Commissioner of Health, in the manner and to the persons named in the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday September 12, 1894
4. Place of Birth, (Street and Number) No 1127 Battery Avenue
5. Full Name of Mother, Kate Bohlmann
6. Mother's Maiden Name, Kate Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Bohlmann
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Catherine Horning,
Address, No 1517 Byrd St City.
Remarks, - 8940005069

RETURN OF A BIRTH. 59300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall be filled out by the Commissioner of Health, or by the Registrar of Vital Statistics, or by the physician or other person who makes this return, and shall be delivered to the Registrar of Vital Statistics, on or before the third day of each month, immediately thereafter, in the manner and within the period at which the same shall be submitted to the Registrar of Vital Statistics, and the Registrar of Vital Statistics shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 12/94

4. Place of Birth, (Street and Number) 2204 Eastern Ave

5. Full Name of Mother, Blanch Shea

6. Mother's Maiden Name, Blanch Hewitt

7. Mother's Birthplace, Balto

8. Full Name of Father, William Shea

9. Father's Occupation, Painter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, May C. Pengoy

Address, 1903 South St

Remarks, 8940005070

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

59303

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

September 12th 1894

2 Glenview 5 side near Edmondson ave

Augusta Browley

Augusta Treban

Maryland

George Browley

Truss Dealer

Maryland

F. A. Warner, M.D.

1133 Valley St.

18940005073

RETURN OF A BIRTH. 59304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Colored. 6

1. Sex, (state whether male or female)..... Female

2. Race or Color, (if not of the white race), Nil

3. *Date of Birth,* September 17 1896

4. Place of Birth, (Street and Number) Lawrenceville, Ga 30043

5. Full Name of Mother Mary Elizabeth

6. Mother's Maiden Name *Harris*

7. Mother's Birthplace Paris, France

8. Full Name of Father: Benjamin

0) Father's Occupation *Farmer*

10. Father's Birth: _____

Father's Birthplace, 1892 1891 1890 1889 1888 1887 1886 1885 1884 1883 1882 1881 1880 1879 1878 1877 1876 1875 1874 1873 1872 1871 1870 1869 1868 1867 1866 1865 1864 1863 1862 1861 1860 1859 1858 1857 1856 1855 1854 1853 1852 1851 1850 1849 1848 1847 1846 1845 1844 1843 1842 1841 1840 1839 1838 1837 1836 1835 1834 1833 1832 1831 1830 1829 1828 1827 1826 1825 1824 1823 1822 1821 1820 1819 1818 1817 1816 1815 1814 1813 1812 1811 1810 1809 1808 1807 1806 1805 1804 1803 1802 1801 1800 1799 1798 1797 1796 1795 1794 1793 1792 1791 1790 1789 1788 1787 1786 1785 1784 1783 1782 1781 1780 1779 1778 1777 1776 1775 1774 1773 1772 1771 1770 1769 1768 1767 1766 1765 1764 1763 1762 1761 1760 1759 1758 1757 1756 1755 1754 1753 1752 1751 1750 1749 1748 1747 1746 1745 1744 1743 1742 1741 1740 1739 1738 1737 1736 1735 1734 1733 1732 1731 1730 1729 1728 1727 1726 1725 1724 1723 1722 1721 1720 1719 1718 1717 1716 1715 1714 1713 1712 1711 1710 1709 1708 1707 1706 1705 1704 1703 1702 1701 1700 1699 1698 1697 1696 1695 1694 1693 1692 1691 1690 1689 1688 1687 1686 1685 1684 1683 1682 1681 1680 1679 1678 1677 1676 1675 1674 1673 1672 1671 1670 1669 1668 1667 1666 1665 1664 1663 1662 1661 1660 1659 1658 1657 1656 1655 1654 1653 1652 1651 1650 1649 1648 1647 1646 1645 1644 1643 1642 1641 1640 1639 1638 1637 1636 1635 1634 1633 1632 1631 1630 1629 1628 1627 1626 1625 1624 1623 1622 1621 1620 1619 1618 1617 1616 1615 1614 1613 1612 1611 1610 1609 1608 1607 1606 1605 1604 1603 1602 1601 1600 1599 1598 1597 1596 1595 1594 1593 1592 1591 1590 1589 1588 1587 1586 1585 1584 1583 1582 1581 1580 1579 1578 1577 1576 1575 1574 1573 1572 1571 1570 1569 1568 1567 1566 1565 1564 1563 1562 1561 1560 1559 1558 1557 1556 1555 1554 1553 1552 1551 1550 1549 1548 1547 1546 1545 1544 1543 1542 1541 1540 1539 1538 1537 1536 1535 1534 1533 1532 1531 1530 1529 1528 1527 1526 1525 1524 1523 1522 1521 1520 1519 1518 1517 1516 1515 1514 1513 1512 1511 1510 1509 1508 1507 1506 1505 1504 1503 1502 1501 1500 1499 1498 1497 1496 1495 1494 1493 1492 1491 1490 1489 1488 1487 1486 1485 1484

Name of Medical Attendant, or other person who makes this Return, William G. Gandy

Address, 100 Maple Street

Remarks, 115

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Over

[illegible]

9

Hale

White

September 12-1898

Vol. 10 3, 49

Sarah E. (Zonale) Conley

Clara E. P.

Ernest Pittier

James E. (H. A. L.) Conley

Disorder

District of Columbia

Ans C & D

19-22-11

17-29-1901
Name of child: Joseph Walter Conley

59306

[illegible]

9

Male

Colard

September 12th 1871

226 N. Duane st

Harry Wilson

Mary Campbell

Abraham Lincoln

James Gibson

Palor

Marshall Co. Ind.

Francis Pickens

216 N. E. Auburn St.

8 9 4 0 0 0 5 0 7 6

RETURN OF A BIRTH. 59307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 children

1. Sex, (state whether male or female)

Female

2. *Race or Color, (if not of the white race).*

L. Lorel

3. *Date of Birth.*

1.2th of September

4. *Place of Birth, (Street and Number)*

Laurel Street 1120

5. Full Name of Mother,

Mary A. Curtis

6. *Mother's Maiden Name.*

Mary E. Lewis

7. *Mother's Birthplace.*

Carol Hill. N. C.

8. *Full Name of Father,*

Mark E. Hunt

9. *Father's Occupation.*

Stevator

10. *Father's Birthplace.*

Henderson T. E.

Name of Medical Attendant, or other person who makes this Return

Carolyn Patterson

Address.

419 Gould: 56

Remarks,

doing very well

8 9 4 0 0 5 0 7 7

Every person acting as midwife or superintendent of a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), the date and place of birth, and the sex, color, and occupation of its father, mother, and the full name of its father, mother, and the said schedule shall be delivered to the Commissioner of Health, on or before the first day of the month following the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class to report the same to the Commissioner of Health, and if such person or persons shall fail to do so, they shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

59308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

Colored

3. Date of Birth,...

September 1st 12

4. Place of Birth, (Street and Number)...

Amity st No 129

5. Full Name of Mother,...

Mary Susan Martin

6. Mother's Maiden Name,...

Mary Susan Bagwell

7. Mother's Birthplace,...

Eastern Shore Accomack Co. Va.

8. Full Name of Father,...

Peter Martin

9. Father's Occupation,...

Sailing

10. Father's Birthplace,...

Eastern Shore Accomack Co. Va.

Name of Medical Attendant, or other person who makes this Return,...

Caroline Green

Address,...

1066 Batorge st

Remarks,...

1 8 9 4 0 0 0 5 0 7 8

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

59309

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 12 1894*
4. Place of Birth (Street and Number) *809 W. Fayette St.*
5. Full Name of Mother *Grace Edna Borman*
6. Mother's Maiden Name *Grace Edna Ott*
7. Mother's Birthplace *Va.*
8. Full Name of Father *Wm. D. Borman*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *Va.*
Name of Medical Attendant, or other Person who makes this Return. *John C. Harris M.D.*
Address *773 W. Lexington St.*
Remarks
8940005079

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth, and shall enter on the same the name of the child, the sex, color, date and place of birth, the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the course of certificate between the first and third day of the month in which the birth shall occur, to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be lo attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 to kind
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 to September
4. Place of Birth, (Street and Number) 209 Central ave
5. Full Name of Mother,
6. Mother's Maiden Name, Reide Abramovich
7. Mother's Birthplace, Europa
8. Full Name of Father, Esick Abramovich
9. Father's Occupation, tailor
10. Father's Birthplace, Europa
Name of Medical Attendant, or other person who makes this Return.
Address, Louis Handler
Remarks, 113 E. Pratt St
1 8 9 4 0 0 0 5 0 8 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female). *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Sept. 12th, 1880*
 4. Place of Birth, (Street and Number) *Bond St., 620*
 5. Full Name of Mother, *Josepha Gombreski*
 6. Mother's Maiden Name, *Gashman*
 7. Mother's Birthplace, *Poland*
 8. Full Name of Father, *Martin Gombreski*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Poland*
 Name of Medical Attendant, *Mary R. Sylva*
 Address, *622 Bond St.*
 Remarks, *18940005081*

RETURN OF A BIRTH. 59313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1: Sex, (state whether male or female).... *Male*

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 September

4. Place of Birth, (Street and Number) 1630 Gay st

5. Full Name of Mother, Ida Gallah

6. Mother's Maiden Name, *Kramph*

7. Mother's Birthplace, Germany

8. Full Name of Father, John Falder

9. Father's Occupation..... Brewer

10. *Father's Birthplace*, *Germany*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 5 0 8 3

[illegible]

Health. This schedule shall contain a list of the births which have occurred during the month, and shall get forward to the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of the month following. The full name and occupation of the parents, the date and place of birth; and the sex, race or color, of each child, if any shall have been born, shall be recorded on this schedule. In case of a stillbirth, no other person be in attendance upon the birth, the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 12th 1894

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940005084

RETURN OF A BIRTH. 59315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 0 8 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, race, date of birth, month, and place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner of midwifery, or should no other person be present at the birth, the name of the person who attended the birth, and the name of the person who attended the child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the name of the person who attended the birth, and the name of the person who attended the child to report its birth to the Commissioner of Health, shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12 of September 1894*
4. Place of Birth, (Street and Number) *Baltimore Md +03 Morris St*
5. Full Name of Mother, *Rosane Hagnusler*
6. Mother's Maiden Name, *Huber*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Adams Hagnusler*
9. Father's Occupation, *Laber*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return *Mrs Mary Krinning*
Address, *414 Schickel St Baltimore Md*
Remarks, *Mother and Child are doing well.*
18940005086

59317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

II

Male

Black

Sept 12 1894

Lying in Hospital 62201 Lumbago

Lydia & Baker

Lydia Baker

10

Harry H. Arthur MD

J. Rex D. Phyo

J. Rex D. Phyo

8 9 4 0 0 0 5 0 8 7

RETURN OF A BIRTH. 59318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

8 9 4 0 0 0 5 0 8 8

[illegible]

RETURN OF A BIRTH. 59319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, ---

8 9 4 0 0 0 5 0 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carl Edwin Hottel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940005090

h.m.

any child born in this city shall contain a list of five births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, in the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 13/94

4. Place of Birth, (Street and Number) 1824 Canton Ave

5. Full Name of Mother, Mary E. Smith

6. Mother's Maiden Name, Mary E. Hisley

7. Mother's Birthplace, Balto

8. Full Name of Father, John Smith

9. Father's Occupation, Labourer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Pereguy

Address, 1903 Sough St

Remarks, 18940005091

month, and shall set forth as far as the same can be ascertained the full name of each child, of its birth, and the sex, color, race, and date of birth, and the date of the first day of each and every month in which the birth of any child shall occur without the other, immediately thereafter it shall become the duty of the physician or practitioner of midwifery, or should an other person be present at the birth of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section, and he subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return,

Address,

Remarks,

18940005092

RETURN OF A BIRTH. 59323
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number) - 1723 Bank St.
5. Full Name of Mother - [illegible]

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant.

or other person who makes any return

Address, 1427 E. Ratt St.

Remarks, .

8 9 4 0 0 0 5 0 9 3

This schedule shall contain a list of the births which have occurred under his or her care during the year in which it is set forth as far as the same can be ascertained. The full name and occupation of its parents, the date and place of birth of the child, if any, shall have been conferred, and the day of delivery, the full name and occupation of the practitioner in the form of a certificate between the practitioner and the said schedule shall be delivered. The practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, if he or she fails to enter the same on this schedule, to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, if he or she fails to enter the same on this schedule, to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, if he or she fails to enter the same on this schedule, to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, if he or she fails to enter the same on this schedule, to be furnished by the Commissioner of Health.

GIVEN NAME ADDED 7-23-57
RETURN-OF A BIRTH. 89324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward August Lyels

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) colored
 3. Date of Birth, 13 Sept 1894
 4. Place of Birth, (Street and Number) 1125 Webster St
 5. Full Name of Mother, Florence Lyels
 6. Mother's Maiden Name, Florence Robison
 7. Mother's Birthplace, Baltimore City
 8. Full Name of Father, John Lyels
 9. Father's Occupation, Laborer
 10. Father's Birthplace, St Mary County
- Name of Medical Attendant, or other person who makes this Return, Jane Marden
- Address, 1105 Parishally
- Remarks, 18940005094

month, and shall set forth as far as the same can be ascertained, the full name of the child, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur on the last day of the month, the practitioner shall deliver the certificate to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GIVEN NAME ADDED

9-14-64

RETURN OF A BIRTH. 59325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Ione Thornton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 13-94

4. Place of Birth, (Street and Number)

221 Ridge road

5. Full Name of Mother,

Marie M. Thornton

6. Mother's Maiden Name,

Wells

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin B. Thornton

9. Father's Occupation

Calligrapher

10. Father's Birthplace,

New York

Name of Medical Attendant, or other person who makes this Return.

Address,

Mrs. Mary J. St. John

Remarks,

731 Lower Roland St

1 8 9 4 0 0 0 5 0 9 5

Rec'd in 1913, contains a statement of the birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month following the birth of any child, and without the attendance of a physician or practitioner of midwifery, or should no such attendance be required upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 59326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
1. Sex, (state whether male or female) _____
2. Race or color, (if not of the white race) _____
3. Date of Birth, Sept. 13th
4. Place of Birth, (Street and Number) 11^{1/2} St. Waverly Belts
5. Full Name of Mother, Minnie Waidner
6. Mother's Maiden Name, Minnie Brown
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. J. Waidner
9. Father's Occupation, carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Geo. J. Wise
- Address, _____
- Remarks, _____

18940005096

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as follows: the name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its mother, and the date of its birth, and every month to the office of the Commissioner of Health. In case the birth of any child attend to without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 7 1899*

4. Place of Birth, (Street and Number) *509 N. E. St. N.*

5. Full Name of Mother, *Rose Tolma*

6. Mother's Maiden Name, *Scarnen*

7. Mother's Birthplace, *Scarnen*

8. Full Name of Father, *Joseph Tolma*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Scarnen*

Name of Medical Attendant, or other person who makes this Return, *Mary Keples*

Address, *205 N. E. St. N.*

Remarks, *18940005097*

This schedule shall contain a list of the births which have occurred under his or her care during the month, after which his sex, color, the full name and occupation of its parents, the date of birth, and the date of its registration shall be delivered, duly signed by the practitioner or practitioner of midwifery, or should no other person be in attendance at the birth, by the mother, immediately thereafter it shall become the duty of the person or persons attending the birth to report its birth to the Commissioner of Health, in the manner and to the extent provided in the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th to kind
Measles
 1. Sex, (state whether male or female) _____
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, 13 September 1894
 4. Place of Birth, (Street and Number) 1302 Joseph st
 5. Full Name of Mother, _____
 6. Mother's Maiden Name, Julie Miller
 7. Mother's Birthplace, Europe
 8. Full Name of Father, William Miller
 9. Father's Occupation, tailor
 10. Father's Birthplace, Europe
 Name of Medical Attendant, or other person who makes this Return, _____
 Address, Lincoln Haller
 Remarks, 113 E Pratt st
18940005098

RETURN OF A BIRTH. 59330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 1 0 0

RETURN OF A BIRTH. 59 331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks. —

8 9 4 0 0 0 5 1 0 1

[illegible]

RETURN OF A BIRTH. 57332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 5 1 0 2

RETURN OF A BIRTH 59333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or color. (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 1 0 3

[illegible]

RETURN OF A BIRTH. 59334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2nd

1. Sex, (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race)--- *Black*

3. Date of Birth, Sept 13, 1947

4. Place of Birth, (Street and Number)- 527 E Butler St

5. Full Name of Mother, *Reenie Hatten*

6. Mother's Maiden Name, Leah H.

7. Mother's Birthplace, Brandy, Pa.

8. Full Name of Father, Herbert L. L. L.

9. Father's Occupation clean man

10, Father's Birthplace, *Prineville, Ore. 2cd*

Name of Medical Attendant, or other person who makes this Return, ALL A D

Address, 2524 E. Bonita

Remarks, 8940 0005104

[illegible]

RETURN OF A BIRTH. 59336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 14th

4. Place of Birth, (Street and Number) 224 Ballah Street

5. Full Name of Mother, Larina Johnson

6. Mother's Maiden Name, Larina Cook

7. Mother's Birthplace, Eastern Shore M.d.

8. Full Name of Father, John D. Johnson

9. Father's Occupation, Labourer

10. Father's Birthplace, Dorchester County M.d.

Name of Medical Attendant, Susan Hooper or other person who makes this return.

Address, 123 L. urham Street

Remarks, None 8940005106

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 14 - 94

4. Place of Birth, (Street and Number) 1420 Harrison St

5. Full Name of Mother, Bertha Cuddy

6. Mother's Maiden Name, Bertha Corch

7. Mother's Birthplace, Balto City

8. Full Name of Father, Michael F Cuddy

9. Father's Occupation, Machanic

10. Father's Birthplace, Balto - City

Name of Medical Attendant, D. C. Davis, or other person who makes this Return.

Address, 1325 - S. C. Harris St

Remarks, 8940005107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 14/4
4. Place of Birth, (Street and Number) 1335 Penna Ave
5. Full Name of Mother, Emma V. Hall
6. Mother's Maiden Name, White House
7. Mother's Birthplace, Balto City
8. Full Name of Father, Henshells Hall
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, John E. Allen

Address, 642 N Lafayette Ave

Remarks, 2 8 9 4 0 0 0 5 1 0 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 59339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Albert Carr

No. *9* Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female). *Male*

2. Race or Color, (if not of the white race) - White

3. Date of Birth, 14 September 1894

4. Place of Birth, (Street and Number) - 44 S 4th St

5. Full Name of Mother, Kate Carr Jr

6. Mother's Maiden Name, Kate Hamilton

7. Mother's Birthplace, *Baltimore, N. D.*
St. Louis

8. Full Name of Father, Alex Bruden
Russell

9. Father's Occupation.....*Servant*

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Ellen Gould

Address, 574 C Washington St

Remarks, 18940005109

RETURN OF A BIRTH. 59340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female)..... male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 1/1/54

4. Place of Birth, (Street and Number) 1444 Parish Alley

5. Full Name of Mother, Lillie Owens

6. Mother's Maiden Name, Jillie Montcal

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Daniel Owens

9. Father's Occupation, Teacher

10. Father's Birthplace, 7-22, 1911

Name of Medical Attendant, or other person who makes this Return, Matilda Johnson

Address, 1408 1/2 Brice St

Remarks,

8 9 4 0 0 0 5 1 1 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth, the sex, color, and condition of the child, and the day of each month on which the child was born. The practitioner, duly signed by the office of the Commissioner of Health, shall occur without the attendance of a physician, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report its birth to the Commissioner of Health, in the manner and within the period above specified. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 14, 1894.

4. Place of Birth, (Street and Number)

214 S. Sharp St.

5. Full Name of Mother,

Emma S. H. Crone.

6. Mother's Maiden Name,

" " " Lentner.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

George Crone.

9. Father's Occupation

Clerk

10. Father's Birthplace,

Vt.

Name of Medical Attendant, or other person who makes this Return.

R. J. N. Tall. M.D.

Address,

524 Sharp St.

Remarks,

8940005111

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first child born to the mother, or to the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in charge to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of not less than ten nor more than one hundred dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

59342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 125

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, September 14 94

4. Place of Birth, (Street and Number) 115 S. Monroe St

5. Full Name of Mother, Clara Know

6. Mother's Maiden Name, Clara Stewart

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, W. J. Know

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. W. J. Know

Address, 724 Clearing St

Remarks, 8940005112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 -

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 September

4. Place of Birth, (Street and Number) James St. 1708

5. Full Name of Mother, Frenci Reis

6. Mother's Maiden Name, Lorenc

7. Mother's Birthplace, Walsworth

S. Full Name of Father, *Thos. O'Leary*

9. Father's Occupation Saloon

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. B. ...

Address..... *Meri Vreth*

Remarks: *2 1/2 Bond St., 838*

8940005114

RETURN OF A BIRTH 09346

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth. *Sept. 14, 1891*
4. Place of Birth, (Street and Number) *314 N Carey St.*
5. Full Name of Mother, *Minnie M. Crawford*
6. Mother's Maiden Name, *" " McMaackin*
7. Mother's Birthplace, *Philadelphia*
8. Full Name of Father, *Clinton Lee Crawford*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Dr. D. Booker*
Address, *851 Park Ave.*
Remarks,

1 8 9 4 0 0 0 5 1 1 6

RETURN OF A BIRTH. 59347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. Father's Occupation.

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 5 1 1 7

RETURN OF A BIRTH. 59348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 5 1 1 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the day of the month and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the parents of such child to report to the Registrar of Health, in the manner and within the period above provided, any such person or persons who shall knowingly fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *13 September*
4. Place of Birth, (Street and Number) *Low St. 1134*
5. Full Name of Mother, *Abigail Levy*
6. Mother's Maiden Name, *Sarah Eagle*
7. Mother's Birthplace, *Russland*
8. Full Name of Father, *Mosess Levy*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Russland*
- Name of Medical Attendant, or other person who makes this Return, *Mary Elias*
- Address, *1625 Hopkins St.*
- Remarks, *1522.*
- 8940005119

RETURN OF A BIRTH. 59350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female).... *♂ male*

2. Race or Color, (if not of the white race) White

3. Date of Birth, ... Sept-14, 1894.

4. Place of Birth, (Street and Number) 630 Franklin Ave

5. Full Name of Mother, Lennie Ries

6. Mother's Maiden Name, Bessie A. Wilson

7. Mother's Birthplace, Maryland

8. Full Name of Father, Leopold Ries

9. Father's Occupation Electrical Supplies

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Frederick Locke M.D.

Address. 914 St Charles St.

Remarks, _____

8 9 4 0 0 0 5 1 2 0

[illegible]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any, shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to such other office or person as he may designate, who shall immediately thereafter it shall become the duty of the person or persons to whom such certificate is delivered, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 59351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 5 1 2 1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1.

1. Sex, (state whether male or female)..... Girl.

2. Race or Color, (if not of the white race)..... white.

3. Date of Birth,..... 17 September

4. Place of Birth, (Street and Number)..... 304 Register street.

5. Full Name of Mother,..... Martha Brendel.

6. Mother's Maiden Name,..... Martha Greiner.

7. Mother's Birthplace,..... Germany

8. Full Name of Father,..... Leon Brendel.

9. Father's Occupation..... Soldier

10. Father's Birthplace,..... Germany.

Name of Medical Attendant, or other person who makes this Return,..... Mary Weiss.

Address,..... 1-1933, Fairmount. A. D.

Remarks,

8 9 4 0 0 0 5 1 2 2

RETURN OF A BIRTH. 59353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race).

3. Date of Birth, Sept 17th 1894.

4. Place of Birth, (Street and Number) - 11 N. Gaston St

5. Full Name of Mother, Lizzie Kohnman

6. Mother's Maiden Name, 07 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318

7. Mother's Birthplace, Uccle, Belgium

8. Full Name of Father, William Bodman

9. Father's Occupation Cattle

10. Father's Birthplace, Germersheim

Name of Medical Attendant, or other person who makes this Return

Address, 208

Remarks. _____

8 9 4 0 0 0 5 1 2 3

[illegible]

RETURN OF A BIRTH.

GIVEN NAME ADDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dorothy Swift Scherer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 14/94*
4. Place of Birth, (Street and Number) *Maternity Hospital 115 W Lombard St*
5. Full Name of Mother, *Mrs Wm H Scherer*
6. Mother's Maiden Name, *Unknown*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *Wm H Scherer*
9. Father's Occupation, *Unknown*
10. Father's Birthplace, *"*
Name of Medical Attendant, or other person who makes this Return, *Alfred J. Bundy M.D.*
Address, *115 W Lombard St.*
Remarks, _____

8 9 4 0 0 0 5 1 2 4

month, and shall not be forth as the same can be ascertained the full name of each child, if any shall have been conferred, the full name and occupation of its parents, the date of birth, the place of birth, and the day of each and every month of the year, the name of the practitioner in the form of a certificate of birth, and the name of the mother, immediately thereafter it shall become the duty of the practitioner to report the birth of such child to the Commissioner of Health, in the manner and within the time required by the provisions of this section, and any such person or persons who fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 15, 1894
4. Place of Birth, (Street and Number) 814 Williams
5. Full Name of Mother, Esther Kunkel
6. Mother's Maiden Name, Bush
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick J. Kunkel
9. Father's Occupation, Carriage Manufacturer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Theodore Cooke, M.D.
- Address, 914 N. Charles St.
- Remarks,

18940005126

GIVEN NAME ADDED 7-16-58
RETURN OF A BIRTH. 59357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *Josephine Smith-Watkins* Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Sep 13, 1896*
 4. Place of Birth, (Street and Number) *2806 Polk St. Hamilton Bldg*
 5. Full Name of Mother, *Josephine Watkins*
 6. Mother's Maiden Name, *Annice Caskey*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Samuel Watkins*
 9. Father's Occupation, *Cupbearer H.P.*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *M. R. Caskey*
 Address, *213 E. North St.*
 Remarks, *Living Well*
 8940005127

RETURN OF A BIRTH. 59358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 15 September 1894

4. Place of Birth, (Street and Number) 401 Clement St

5. Full Name of Mother, Jennie Sears

6. Mother's Maiden Name, Jennie Browning

7. Mother's Birthplace, Balt.

8. Full Name of Father, Daniel Sears

9. Father's Occupation, Boiler maker

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. M. R. Jackson

Address, 213 E. Meath St

Remarks, Spring Hill

8 9 4 0 0 0 5 1 2 8

This schedule shall contain a list of the births which have occurred under his or her care during the month ascertained by the Registrar of Vital Statistics, and the full name and occupation of the mother, the date, hour, place, and sex of the child, the name of the physician or practitioner of midwifery, or should no such person be named, the name of the mother, immediately thereafter it shall become the duty of the Registrar to report its birth to the Commissioner of the Board of Health, and within the period above required, and any such person or persons who shall be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th child
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 15th of September
4. Place of Birth, (Street and Number) 403 Lewis street
5. Full Name of Mother, Georovia Johnson
6. Mother's Maiden Name, B. K. married
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Bryant
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Caroline Patterson
- Address, 417 Lewis street
- Remarks, doing well.
- 8940005129

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 593(c)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)... White
3. Date of Birth, 15, of Sept
4. Place of Birth, (Street and Number)... 510, D. Bethe
5. Full Name of Mother, Maggie, Finkler
6. Mother's Maiden Name, Ellen
7. Mother's Birthplace, Bacton
8. Full Name of Father, John Finkler
9. Father's Occupation, Son & Lecturer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, 1604 01

Address, 2024 E 10th Ave

Remarks, 2899 0 5 11 30

[illegible]

RETURN OF A BIRTH.

59361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 15th 1891

4. Place of Birth, (Street and Number)

517 Disquith St.

5. Full Name of Mother,

Isabella T. McCauley

6. Mother's Maiden Name,

Isabella T. Jordan

7. Mother's Birthplace,

Balto, Md.

8. Full Name of Father,

Robert L. McCauley

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balto, Md.

Name of Medical Attendant, or other person who makes this Return,

Charles W. A. Hey or M. A.

Address,

1019 W. Caroline St.

Remarks,

1 8 9 4 0 0 0 5 1 3 1

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the child's date of birth, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and in case of failure to do so, the person or persons so failing to report shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been confirmed) in sex, color, the full name and occupation of its parents, the date and place of birth, and the date of arrival in the United States, duly signed by the practitioner in form of a certificate between the first and third day of each and every month. In case the birth of any child or the arrival of any alien immigrant at the place of attendance upon the mother, immediately thereafter it shall become the duty of, or should no other person be in a position to report to birth to the Commissioner of Health, by the mother and within the period or periods of such time as the parents, who shall hereafter fail to comply with the provisions of this section shall be liable to be fined not more than ten dollars for each offence, to be covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *fifth*
 Name *Thomas Percival Cromwell*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Sept 15*
 4. Place of Birth, (Street and Number) *232 S. Ann St*
 5. Full Name of Mother, *Rada Virginia Cromwell*
 6. Mother's Maiden Name, *" " Lewis*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Joseph Cromwell*
 9. Father's Occupation, *Agent*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, (or other person who makes this return) *Wm Hall Attendant*
 Address, *209 S. Ann St*
 Remarks,

8 9 4 0 0 5 1 3 2

This schedule shall contain a list of the births which have occurred in the city of Baltimore during the preceding year, and shall be prepared by the Registrar of Vital Statistics, who shall have been conferred with its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended upon by a physician or midwife, the physician or midwife shall be under the duty of reporting the birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bertha Grace Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

September 15. 94

4. Place of Birth, (Street and Number)

808 W. Bairo St

5. Full Name of Mother,

Let Helen Brown

6. Mother's Maiden Name,

Helen Stewart

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Richard A. Brown

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

J. K. Wiley, M.D.

Address,

724 Clearing St

Remarks,

18940005133

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 59364

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 15 - 11 15 P. M. 1894

4. Place of Birth (Street and Number)

603 S. Pacca

5. Full Name of Mother

Lola Mae Humphreys

6. Mother's Maiden Name

J. M. Peplinger

7. Mother's Birthplace

Balto City

8. Full Name of Father

James Washington Humphreys

9. Father's Occupation

Clerk

10. Father's Birthplace

Balto City

Name of Medical Attendant, or other Person who makes this Return

James E. Drinnell M.D.

Address

1701 Balto St East.

Remarks

18940005134

Each of the several cities and counties shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the names of the parents, the date and place of birth, and the sex of the child, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 59365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 15 1894

4. Place of Birth, (Street and Number) 13. N. Gay St

5. Full Name of Mother, Theresa Aronast

6. Mother's Maiden Name, Kohl

7. Mother's Birthplace, Germany

8. Full Name of Father, Christopher Aronast

9. Father's Occupation, Laber

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Joseph Conrad

Address, 1621. Barnes St

Remarks, _____

18940005135

been conferred its sex, color, the full name and occupation of its parent, the date and place of birth and the said certificate shall be delivered, duly signed by the practitioner in the form of certificate, to the Registrar of Births and Deaths, who shall enter the same in the official record of the Registrar of Births and Deaths. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall become the duty of the person or persons of such child-birth, and shall be liable to the same penalties as are provided in this section for any person or persons who shall hereafter fail to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth. Sept. 15 - 1894

4. Place of Birth, (Street and Number) 1422 Gough St.

5. Full Name of Mother, Lusie Rau

6. Mother's Maiden Name. Elliott

7. Mother's Birthplace. Virginia

8. Full Name of Father. Louis Rau

9. Father's Occupation. Collector

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who attended this birth. Mary Stein

Address. 1427 E. Pratt St.

Remarks, _____

1 8 9 4 0 0 0 5 1 3 7

at the birth of any child, within the City of Baltimore, shall report to the registrars aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 8-28-56
RETURN OF A BIRTH, 59369

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Grace Marie Hatfield

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 15 - 1894
4. Place of Birth, (Street and Number) 1515 William St
5. Full Name of Mother Cora Alorda Hatfield
6. Mother's Maiden Name Cora Alorda Conway
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Edward Alford Hatfield
9. Father's Occupation Motor Repairer
10. Father's Birthplace Howard County Md
Name of Medical Attendant, or other Person who makes this Return. Will Conway
Address _____
Remarks _____

1 8 9 4 0 0 0 5 1 3 9

mouth, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, its date and place of birth, the name and occupation of its parent, the name and occupation of the practitioner in the form of birth certificate, and every mouth to the office of the Commissioner of Health. In case of the birth of any child, the mother shall immediately thereafter report its birth to the Commissioner of Health, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Sept 15 '11

4. Place of Birth, (Street and Number) 539 Hoffman St

5. Full Name of Mother, Martha E. Houston

6. Mother's Maiden Name, " " Griffin

7. Mother's Birthplace, Balt City

8. Full Name of Father, Hyatt S. Houston

9. Father's Occupation Waiter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, John B. Huck

Address, 647 N Lafayette Ave

Remarks, _____

18940005140

RETURN OF A BIRTH. 59371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 15/94*

4. Place of Birth, (Street and Number) *218 E. Crofton St.*

5. Full Name of Mother, *Mary W. Collins*

6. Mother's Maiden Name, *Howard*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *William H. Collins*

9. Father's Occupation, *Cutter*

10. Father's Birthplace, *England*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Krusenhofer*

Address, *2225 Gough St.*

Remarks, _____

| 8 9 4 0 0 0 5 | 4 |

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the birth of any child, shall occur without the attendance of a physician, the mother or other person who makes this return shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 15, 1894
4. Place of Birth, (Street and Number) 1716 Franklin St
5. Full Name of Mother, Mrs. Mary Jessie Middleton Perry
6. Mother's Maiden Name, Love
7. Mother's Birthplace, Easton Talbot Co. Md.
8. Full Name of Father, Peter Ed Perry
9. Father's Occupation, Cloth Cutter
10. Father's Birthplace, Frederick Co. Md.
- Name of Medical Attendant, or other person who makes this Return, Wm E. Miller M.D.
- Address, 2239 Pennsylvania Ave.
- Remarks,

1 8 9 4 0 0 0 5 1 4 3

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the person or persons who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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RETURN OF A BIRTH.

59375

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh Child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *15 Sept. 94*
4. Place of Birth (Street and Number) *1011 Parrish alley*
5. Full Name of Mother *Sophia Gant*
6. Mother's Maiden Name *Hawkins*
7. Mother's Birthplace *Calvert, Co Md*
8. Full Name of Father *John Gant*
9. Father's Occupation *Calvert, Co Md*
10. Father's Birthplace *Quarrying*
- Name of Medical Attendant, or other Person who makes this Return. *Mary C Jones*
- Address *1121 Schmitz St*
- Remarks

1 8 9 4 0 0 0 5 1 4 5

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Sept 13, 1911

4. Place of Birth, (Street and Number) 2618 Mary St East - Ind.

5. Full Name of Mother, Annie, Martha, Harris,

6. Mother's Maiden Name, Annie, Martha, Adroge.

7. Mother's Birthplace, New Freedom York Co N.Y.

8. Full Name of Father, William P. J. Carres.

9. Father's Occupation..... *Photographer.*

10. *Father's Birthplace,* *York, Penna.*

Name of Medical Attendant, or other person who makes this Return, _____

Address, Mrs Mary J. Shanks

Remarks, 731 Leominsterland St 7-21-1894

8940005 *NASA* 10/17

[illegible]

RETURN OF
GIVEN NAME ADDED 7/17/71
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
59377

NAME: ROSE HAMBURGER
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. Mother's Birthplace.

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

DATE FILED 9/18/90 005147

[illegible]

RETURN OF A BIRTH. 59378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 15/94

4. Place of Birth, (Street and Number) 2425 Canton Ave.

5. Full Name of Mother, Emma Haselhofer

6. Mother's Maiden Name, Stamber

7. Mother's Birthplace, Germany

8. Full Name of Father, Christia Haselhofer

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Lang St.

Remarks, _____

8940005148

RETURN OF A BIRTH. 59379
GIVEN NAME ADDED 8-2-56
ce of Registrar of Vital Sta

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

18th. 1861.

1. Sex, (state whether male or female)

Limali

2. Race or Color, (if not of the white race).

White

3. *Date of Birth,*

15th September 1894.

4. *Place of Birth, (Street and Number).*

Dalman. St. - 1441

5. Full Name of Mother,

Luigi Verba

6. *Mother's Maiden Name,*

Lucy's Savor-Rice

7. *Mother's Birthplace,*

Горные

8. Full Name of Father,

Joseph G. G. G.

9. *Father's Occupation.*

Берлин

10. *Father's Birthplace,*

Горюхины

Name of Medical Attendant, or other person who makes this Return.

2. *Desmodium + L. purpurea*

Address, ..

Stylophragma

Remarks.

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[illegible]

RETURN OF A BIRTH. 59380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Sept 15th*

4. Place of Birth, (Street and Number) *2505 Francis St*

5. Full Name of Mother, *Ernestina Messersmith*

6. Mother's Maiden Name, *Lenk*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Louis Messersmith*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, _____

Address, *Mrs Mary J. Shockney*

Remarks, *731 E. Lombard St*

1 8 9 4 0 0 0 5 1 5 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of any fee in attendance upon the birth of a child, or in the case of a person who shall neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, it shall become the duty of the parent or person having charge of the child to procure the attendance of a physician or practitioner of health, and should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to procure the attendance of a physician or practitioner of health, in the manner and within the period above provided, and any such person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept 15, 1894.
4. Place of Birth, (Street and Number) 307 Dawson Alley.
5. Full Name of Mother, Mary Anthony
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, Harry J. Arthur M.D.
- Address, 622 W. Lombard St. J. R. R. D. Phys
- Remarks, _____

8940005153

RETURN OF A BIRTH. 59284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 622 W Lombard St

Remarks.

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been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the office of the Registrar of Vital Statistics, in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person so attending to cause an entry to be made of its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

III

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Sept 16, 1894

4. Place of Birth, (Street and Number)

1068 Calvary St

5. Full Name of Mother,

Annie Harris

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Harry N. Arthur M.D.

Address,

622 W. Lombard St

Dr. Resdt. Phys

Remarks,

8940005155

RETURN OF A BIRTH. 59386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 111

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Sept 16 1894

4. Place of Birth, (Street and Number)- 1021 Rahona St

5. Full Name of Mother, Carrie Leavelle

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant or other person who makes this Return

Address 622 Wasmund St. J. & R. In Phys.

Remarks.

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[illegible]

RETURN OF A BIRTH. 59387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person who has attended the birth, to the Registrar of Births, and the third day of each month to the Registrar of Deaths, and to the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report its birth to the Commissioner of Health. In the making and filing of this return, the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 16: 1894

4. Place of Birth, (Street and Number) 205 2507 Eastern ave

5. Full Name of Mother, Kate Yealohall

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Yealohall

9. Father's Occupation, Boiler maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Leo Rhabeau

Address, 725 Columbia ave

Remarks, _____

8940005157

RETURN OF A BIRTH. 59389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 16th

4. Place of Birth, (Street and Number) 915 Polomare St

5. Full Name of Mother, Mary F. Ford

6. Mother's Maiden Name, Mary Quinn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Fricke

1. Father's Occupation *Car maker*

1. Father's Birthplace, Ballinacorney.

Name of Medical Attendant, or other person who makes this Return, Mary L. Furman

Address, 1240 E. 1st Ave. Ft. Lauderdale, Fla.

Решение, ...

8 9 4 0 0 0 5 1 5 9

be conferred in sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered to the practitioner in the form of a certificate of birth, and the child's name and every month to the office of the officer of health. In case the birth of any child to a woman who is not immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health in the manner and within the period above specified to persons who shall hereinafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered on a complaint and forfeit shall be recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its occupation, of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the mother, to the Registrar of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to cause the birth of such child to be duly recorded, and to comply with the provisions of this act, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

16th of September 94

4. Place of Birth, (Street and Number)...

24 Stanford St

5. Full Name of Mother,

Anna Fleck

6. Mother's Maiden Name,

Anna Beckmann

7. Mother's Birthplace,

Balte

8. Full Name of Father,

Philip Fleck

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Balte

Name of Medical Attendant, or other person who makes this Return,

Friedrich Kessler Midwife

Address,

216 West Pratt St

Remarks,

18940005160

RETURN OF A BIRTH. 59391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th Sep. 1894
4. Place of Birth, (Street and Number) Levellob St. No. 134
5. Full Name of Mother, Mari Stuer
6. Mother's Maiden Name, Fischer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Stuer
9. Father's Occupation, Wagon Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Flaveline Schrey Fort. E. G. No. 428

Remarks,

18940005161

been conferred; its execution, the full name and occupation of its parents, the date and place of birth, and the date of its registration, shall be delivered daily signed by the practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician, or midwife, or other person, or should no other person be in attendance upon the mother immediately after the birth of the child, the practitioner shall become the duty of the person or persons in attendance upon the mother immediately after the birth of the child, in the manner and within the period of time prescribed by law, to report its birth to the Registrar of Vital Statistics, and to file a copy of the certificate with the Registrar. Any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

over

59392

Name: Edward James Reynolds

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White race

3. Date of Birth, 16 September 1894

4. Place of Birth, (Street and Number) Baltimore 923 Bayd. St

5. Full Name of Mother, Maryann P. ...

6. Mother's Maiden Name, Maryann P. ...

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Gen. Reynolds

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. B. ...

Address, 735 ... St

Remarks,

8 9 4 0 0 0 5 1 6 2

been conferred) in sex, color, the full name and occupation of its father, the full name of each child, (if any) shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Births, and the Registrar of Births shall be the duty of the practitioner of midwifery, or should no other person be in attendance upon the mother, to report its birth to the Commissioner of Health, in the manner and at the time and place above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Mary O' Laughlin*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *16th September 1894*
 4. Place of Birth, (Street and Number) *222 Pearl st*
 5. Full Name of Mother, *Agnes Tyrrell Laughlin*
 6. Mother's Maiden Name, *Agnes (Tyrrell) Tyrrell*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *Wm O'Laughlin*
 9. Father's Occupation, *Snuff Packer*
 10. Father's Birthplace, *Baltimore Md*
 Name of Medical Attendant, or other person who makes this Return, *Mrs Hunter*
 Address, *231st Poppleton St*
 Remarks, _____

1 8 9 4 0 0 0 5 1 6 3

RETURN OF A BIRTH. 59394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Sept 16/94 12.23 P.M.*

4. Place of Birth, (Street and Number) *1900 Wilkins Ave Balt Md*

5. Full Name of Mother, *Ida Bell Jennings*

6. Mother's Maiden Name, *Ida Bell Fritz*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Edward Henry Jennings*

9. Father's Occupation, *Locomotive Fireman*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Wm. D. Baige*

Address, *711 Cross St*

Remarks,

8940005164

RETURN OF A BIRTH. 59395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *Sept. 16. 94*

4. Place of Birth, (Street and Number) *2000 E. Ball St.*

5. Full Name of Mother, *Mrs. Mary Elizabeth Wisley Puck*

6. Mother's Maiden Name, *Wisley*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *George Granville Puck*

9. Father's Occupation, *Physician*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *C. E. Puck Child*

Address, *2000 E. Ball St.*

Remarks, *Normal Delivery*

18940005165

member, wife, and face with as far as the same can be ascertained, are full name of each child, if any, shall have been conferred) its sex, color, the full name of the mother, the full name of the father, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner, or fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 16 1894

4. Place of Birth, (Street and Number) Burgundys Alley 126

5. Full Name of Mother, Julia ad Kirren

6. Mother's Maiden Name, Julia Salmen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adelick ad Kirren

9. Father's Occupation, laborer

10. Father's Birthplace, North

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Wilson

Address, 124 West Hurst St

Remarks, full 9 months

18940005166

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of the month of the year in which the birth of any child shall occur, without the attendance of a physician or practitioner of midwifery, or should no other person be present, the practitioner shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 59397

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Sep 16/94

4. Place of Birth, (Street and Number) 117 So Howard St

5. Full Name of Mother, Bertha Manko Mountner

6. Mother's Maiden Name, Bertha Manko

7. Mother's Birthplace, Babel

8. Full Name of Father, Louis Mountner

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

Robt Willefflin
402 Catherine St

8 9 4 0 0 0 5 1 6 7

RETURN OF A BIRTH. 59398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 10 1907

4. Place of Birth, (Street and Number) Marine St. No. 24 S. C. F. I. 8

5. Full Name of Mother, Mary Elizabeth Jones
Box 1, R.R. 1, Lenoir, N.C.

6. Mother's Maiden Name, Mary Elizabeth

7. Mother's Birthplace, St. Louis, Mo.

8. Full Name of Father, *Geo. W. Black*

9. Father's Occupation Driver
Thompson W B

10. *Father's Birthplace*, *W. Mass.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 5 1 6 8

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of its death, if it shall have died, and the name and occupation of the physician or midwife, or other person, who attended upon the mother, immediately thereafter it shall become the duty of the person or persons, in whose custody the child is placed, to report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940005170

RETURN OF A BIRTH. 59401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 "

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. *Date of Birth.*

4. Place of Birth, (Street and Number) 548 W. Base St

5. Full Name of Mother, Alice Bower

6. Mother's Maiden Name, Lerner

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wm M Bowen

9. *Father's Occupation,* Brakeman

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, ... Les Rhabanus MD

Address,..... 725 Columbia ave

Remarks, ... 6 7 1 0 0 0 5 1 7 1

8 9 4 0 0 0 5 1 7 1

been conferred) in accordance with the following provisions: (1) the date and place of birth; and, (2) the date and place of death. The certificate shall be delivered to the parent or guardian of the child and schedule shall be delivered to the practitioner in the form of a certificate between the first and third day of each and every month to the office of the practitioner of medicine. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or guardian shall be required to appear upon the mother, immediately thereafter, in the manner and within the period above recited, and to cause the birth to be taken under the supervision of the Commissioner of Health. In the event the parent or guardian fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

13.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *September 16, 1894.*

4. Place of Birth, (Street and Number) *930 Tuck's ave.*

5. Full Name of Mother, *Mary Jane Blucher.*

6. Mother's Maiden Name, *Chenoweth.*

7. Mother's Birthplace, *N.D.*

8. Full Name of Father, *John H. Blucher.*

9. Father's Occupation *Horse show.*

10. Father's Birthplace, *N.D.*

Name of Medical Attendant, or other person who makes this Return, *Chas. H. Mitchell M.D.*

Address, *291 Chestnut ave.*

Remarks,

8 9 4 0 0 0 5 1 7 2

RETURN OF A BIRTH 59404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 16 1944

4. Place of Birth, (Street and Number) 207 E. Los Angeles Ave

5. Full Name of Mother, *Mary J. Sullivan*

6. Mother's Maiden Name, *Shuckman*

7. Mother's Birthplace, *Washington* *40-6*

8. Full Name of Father, *Thos. G. Sullivan*

9. Father's Occupation, Manager

10. Father's Birthplace, Marblehead

Name of Medical Attendant, or other person who makes this Return. *O. J. Wright, M.D.*

Address, 10, K. Caven St.

Remarks,

8 9 4 0 0 0 5 1 7 4

[illegible]

RETURN OF A BIRTH. 59405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *16th September 1894*

4. Place of Birth, (Street and Number) *Baltimore 229 S. Green St*

5. Full Name of Mother, *Josephine Gerhinski*

6. Mother's Maiden Name, *Samapes*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Gerhinski*

9. Father's Occupation, *Day laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs Mary Keating*

Address, *414 S. Stricker St Baltimore Md*

Remarks, *Mother and Child are doing well.*

8940005175

RETURN OF A BIRTH. 59406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 6

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 September 1894
4. Place of Birth, (Street and Number) 3124 Tazette St
5. Full Name of Mother, Emeli Reichel
6. Mother's Maiden Name, Emeli Varns
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Reichel
9. Father's Occupation, Farmer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 304 S. Washington St.

Remarks.

8 9 4 0 0 0 5 1 7 6

[illegible]

RETURN OF A BIRTH. 59407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 17th
4. Place of Birth, (Street and Number) 2702 Edgill St.
5. Full Name of Mother, Margaret Robinson
6. Mother's Maiden Name, Margaret Schiffer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Robinson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mary L. Trayne
- Address, 824 Canton St.
- Remarks,

8 9 4 0 0 0 5 1 7 9

RETURN OF A BIRTH. 59410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep 17th 1894

4. Place of Birth, (Street and Number) 913 E. Lexington St

5. Full Name of Mother, Emma Skein

6. Mother's Maiden Name, Rainer

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Martin Skein

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Emma G. G. G.

Address, 206 E. Schneider St

Remarks,

18940005180

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep 17

4. Place of Birth, (Street and Number) 1025 W. Lexington St.

5. Full Name of Mother, Mary Jacobs

6. Mother's Maiden Name, Ebert

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Tobias Jacobs

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant,

or other person who makes this Return.

Wm. Minnie Graf

Address,

206 W. Schermer St.

Remarks,

1 8 9 4 0 0 0 5 1 8 1

Each child shall be registered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, the parent or person who makes this return shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Sept 17th 1894
4. Place of Birth, (Street and Number) # 1705. Lemon St
5. Full Name of Mother, Mrs. Lizzie Laborer
6. Mother's Maiden Name, Miss. Dietrich
7. Mother's Birthplace, Balto
8. Full Name of Father, John. Laborer
9. Father's Occupation, Labor
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Miss. Heiler
Address, 2127 W. Pratt St
Remarks,

18940005182

RETURN OF A. BIRTH. 59414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female). Male

2. Race or Color, (if not of the white race) — White

Date of Birth, 1744.

Place of Birth, (Street and Number) 321 E. 31st St.

Full Name of Mother, Martha Virginia Graham

6. Mother's Maiden Name, Elizabeth Davis

Miller's Birthplace, Madison County

8. Full Name of Father, James Wallace Gray, Jr.

Father's Occupation Farmer

3. Father's Birthplace, Rate are Redy

Name of Medical Attendant, or other person who makes this Return.

Address, Ch...

Remarks 73. ...

6 9 4 0 3 3 5 1 8 4

RETURN OF A BIRTH. 594/5-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Place of Birth.*

4. Place of Birth, (Street and Number) 227 1/2 W. 11th St. N. York

Full Name of Mother,

5. ~~Speller's~~ Maiden Name.

7. *Author's Birthplace...*

8. *Full Name of Father,*

9. Father's Occupation.

16. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Notes.

Remarks.

8 9 4 0 0 0 5 1 0 5

RETURN OF A BIRTH. 59416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 Sept

4. Place of Birth, (Street and Number) Eastman St 104

5. Full Name of Mother, Ida Eschenbach

6. Mother's Maiden Name, Harriet

7. Mother's Birthplace, Germany

8. Full Name of Father, Albert Eschenbach

9. Father's Occupation, German

10. Father's Birthplace, Alma Eschenbach

Name of Medical Attendant, (if other person who makes this Return, Alma Eschenbach)

Address, 711 N. Calvert St

Remarks,

5940005186

been submitted to sex, color, the full name and occupation of the mother, the date and place of birth, and the name of the medical attendant, and every month, on or before the first day of the month following the birth, the medical attendant shall file with the Registrar of Vital Statistics a return of the birth of every child to report its birth, immediately thereafter it shall be the duty of the parent or person in charge of the child to file with the Registrar of Vital Statistics a return of the birth of every child, in the manner provided in the provision above required, and a return shall be required for each infant, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 59417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940005187

RETURN OF A BIRTH. 59418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) M.

2. Race or Color, (if not of the white race) White

3. Date of Birth. Sept 19th 1894.

4. Place of Birth, (Street and Number) 229 German ally

5. Full Name of Mother, Mary Benne

6. Mother's Maiden Name,

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Benne

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Bopp

Address, 205 N Washington St

Remarks,

8940005188

RETURN OF A BIRTH. 59419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race) white

3. Date of Birth. Sept 18 24

4. Place of Birth, (Street and Number) 1014 E Lombard St

5. Full Name of Mother, Lena Christine

6. Mother's Maiden Name, Lena Cruller

7. Mother's Birthplace, Russia

8. Full Name of Father, Herman C. Cruller

9. Father's Occupation, Barber

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. J. P. Williams

Address, 1014 E Lombard St

Remarks,

18940005189

Each conscriptionist shall be delivered, at the time and place of birth, and the third day of each and every month to the officer or practitioner of health, in case the birth of any child occurs without the attendance of a physician or practitioner of health, immediately thereafter, by the mother or person who shall hereafter fall in line, in the manner and within the period above specified, to the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth. 17 Sept 99.

4. Place of Birth, (Street and Number) Central Ave 1621

5. Full Name of Mother, Annie Lenin

6. Mother's Maiden Name, Annie Bloch

7. Mother's Birthplace, Russia

8. Full Name of Father, Luis Lenin

9. Father's Occupation, Presser

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mary Elias

Address, 1625 Hopkins Av.

Remarks, 1523.

8940005190

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date of its birth, and every month to the office of the Commissioner of Health. In case the birth of the first and subsequent children of a woman shall occur within the period above required, and no other person be in attendance upon the mother, immediately after the birth of each child to report its birth to the Commissioner of Health, in the manner and form provided by the Commission, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female).

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

the 17th Sep.

4. Place of Birth, (Street and Number)

216 Harrison st

5. Full Name of Mother.

Rochel Valinsky

6. Mother's Maiden Name.

Hynewitch

7. Mother's Birthplace.

Ronctop, Russia

8. Full Name of Father.

Philip Valinsky

9. Father's Occupation

Painter

10. Father's Birthplace.

Ronctop, Russia

Name of Medical Attendant, or other person who makes this Return.

Eve Cohen

Address.

220 Harrison st

Remarks.

the Lady and Child is well attend satisfied 9000 54. 9 Valinsky

RETURN OF A BIRTH. 59424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 17

4. Place of Birth, (Street and Number) # 110.3 S. Para st

5. Full Name of Mother, Annie E. Hamilton

6. Mother's Maiden Name, Annie E. Wagner

7. Mother's Birthplace, Shrewsbury Pa

8. Full Name of Father, George A. Hamilton

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Frederick Md

Name of Medical Attendant, or other person who makes this Return, Mrs. B. B. B.

Address, 711 1/2 E. Carroll

Remarks.

8940005194

been conferred) the sex, color, the full name in full of the parents, the date and place of birth, and the full name in full of the child, and the name of the medical attendant, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother or of the father, or of the child to report its birth to the Registrar of Vital Statistics, and within the period above required, and subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 14 1894

4. Place of Birth, (Street and Number)

4 14 Surziman Lane Baltimore

5. Full Name of Mother,

Carrie E Wiley

6. Mother's Maiden Name,

Kennedy

7. Mother's Birthplace,

Baltimore Co

8. Full Name of Father,

Robert J Wiley

9. Father's Occupation,

Painter

10. Father's Birthplace,

Barber County Va

Name of Medical Attendant,

or other person who makes this Return.

Martha E King

Address,

575 Nicholas or Hampden Baltimore

Remarks,

8940005196

been registered its sex, color, the full name and occupation of its parents, its date and place of birth, and the date and place of its registration. In case the child is born in the city of Baltimore, the birth certificate shall be delivered, within the month of the birth, to the office of the Registrar of Vital Statistics, Board of Health. In case the child is born in any other place, the birth certificate shall be delivered, within the month of the birth, to the office of the Registrar of Vital Statistics, Board of Health, in the city of Baltimore. The mother, immediately after the birth of the child, shall be required to attend to the child, and to provide for its support, until it is three months of age. If the mother fails to do so, she shall be liable to a fine of ten dollars for each person or persons who are dependent on her, and to imprisonment for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).... / 1st

1. Sex, (state whether male or female)--- Female

2. Race or Color, (if not of the white race) - Colored

3. *Date of Birth*, Sept 17/94

4. Place of Birth, (Street and Number) Walter's Hospital, 112 St. Leonard St.

5. Full Name of Mother, Sally Carter

6. *Mother's Maiden Name.*

7. Mother's Birthplace, Virginia

8. Full Name of Father, Unknown

9. *Father's occupation* _____

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, *Alfred J. Sunday, M.D.*

Address, 112 W. Lombard St.

Remarks,

1 8 9 4 0 0 0 5 1 9 7

month, and shall set forth, in full, the name of the child, the date of birth, the sex, color, the date and place of birth, and the date of such child's delivery, the full name of the practitioner in the form of _____, who is the first and only person to deliver such child, and the name of the person or persons to whom such child is delivered, and shall deliver, duly signed by the practitioner in the form of _____, to the office of the Commissioner of Health, in the manner and within the time provided in this section, a true and correct copy of the foregoing certificate, and shall also appear in person at the office of the Commissioner of Health, in the manner and within the time provided in this section, to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered on other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,...

9. *Father's Occupation,*...

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 1 9 9

[illegible]

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name of the mother, the date and place of birth, and the date and place of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur at the residence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-31-58
RETURN OF A BIRTH 59481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Grace Krantz
No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Sept 18 - 1894
4. Place of Birth, (Street and Number) 1500 Bond St
5. Full Name of Mother, E. Grace Krantz
6. Mother's Maiden Name, Emma Grace DeGarmendia
7. Mother's Birthplace, Balto
8. Full Name of Father, George Henry Krantz
9. Father's Occupation, Druggist
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, R. T. Davis M.D.
Address, 1507 N. Caroline St
Remarks,

1 8 9 4 0 0 0 5 2 0 1

RETURN OF A BIRTH. 59432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female.) Male

2. Race or Color, (if not of the white race)

3. Date of Birth. Sept 18 - 94

4. Place of Birth, (Street and Number) 2112 E. Biddle

5. Full Name of Mother, Mary J. Lindenman

6. Mother's Maiden Name. Ewalt

7. Mother's Birthplace. Balt.

8. Full Name of Father. George F. Lindenman

9. Father's Occupation Laborer

10. Father's Birthplace. Balt.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary A. Allwell

Address. 1438 N. Bond

Remarks.

1 8 9 4 0 0 0 5 2 0 2

Each completed as sex, color, the full name and occupation of the person, the date and place of birth; and the said person shall be delivered, duly signed by the practitioner in the case of a child, or by the mother, in the case of a child, to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, for filing in the records of the said Office. Every physician or practitioner of medicine or surgery, or midwife, who shall be guilty of any of the foregoing offenses, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the name of its parents, the date and place of birth; and the date and place of its death, if it shall die within the year, and shall also certify whether the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and should no other person shall attend upon the mother, immediately thereafter, in the manner and within the period above required, and shall report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 59433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, 1924 Division St., (2)
18 Sep. 1894 (1)
4. Place of Birth, (Street and Number) Emma P. McElayton,
5. Full Name of Mother, Stevens,
6. Mother's Maiden Name, Balto. City,
7. Mother's Birthplace, Robt. J. McElayton,
8. Full Name of Father, Irish Commission,
9. Father's Occupation, Balto. City,
10. Father's Birthplace, J. J. Engle M.D.
Name of Medical Attendant, or other person who makes this Return. 1007 W. Linnale
Address,
Remarks,

8940005203

RETURN OF A BIRTH. 59434
 Health Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1st or female Girl

1. Sex, (state whether male or female)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White

2. Race or Color, (if not of the white race) *Supr*
3. Date of Birth. *The 18th 1894*
39 W. W.

4. Place of Birth, (Street and Number)

3. Date of Birth, 1/1/1917
4. Place of Birth, (Street and Number) 37 West
5. Full Name of Mother, Mary C. East

6. Mother's Maiden Name, Baltimore Peru

7. Mother's Birthplace, *William Ho. Mrs.*

8. Full Name of Father, Wanda
Prister

9. Father's Occupation, *Baltimore* *MD*

10. Father's Birthplace, Bacon or other person who
the Return.

Name of Medical Attendant. or other person who makes this Return.

Address,

Remarks,

8940005204

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 18th September
 4. Place of Birth, (Street and Number) No 7 Belair Ave
 5. Full Name of Mother, Dora Smith
 6. Mother's Maiden Name, Kreder
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Gustave Smith
 9. Father's Occupation, Painter
 10. Father's Birthplace, Baltimore
 11. Name of person who
Mrs Brown

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 5 2 0 5

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 18th 1894*
4. Place of Birth, (Street and Number) *# 107 E. Hughes St.*
5. Full Name of Mother, *May A. Haub*
6. Mother's Maiden Name, *Kelly*
7. Mother's Birthplace, *Balto. city*
8. Full Name of Father, *Jos. Ch. Haub*
9. Father's Occupation, *Mould Maker*
10. Father's Birthplace, *Balto. city*
- Name of Medical Attendant, or other person who makes this Return, *R. C. Lee*
- Address, *Hannover St.*
- Remarks.

[illegible]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day after the birth, and the same shall be returned to the Registrar of Vital Statistics, Baltimore City, who shall cause it to be entered in the proper book, and the same shall be preserved for the purpose of being produced in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or in case the mother of any child shall die, or in case the mother of any child shall be unable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

VIII

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 1894

4. Place of Birth, (Street and Number)

908 Harrio Alley

5. Full Name of Mother,

Helena Montague

6. Mother's Maiden Name,

Kohlman

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Eugene Montague

9. Father's Occupation

Laborer

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return,

Mrs. Lisenhofer

Address,

2225 Gough Str.

Remarks,

18940005209

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if male, the name conferred, its sex, color, the date and place of birth, the date and place of its baptism, the date and place of its death, and every month to the office of the Commissioner of Health, or to the office of a physician or practitioner of midwifery, or shall become the duty of the person or persons in attendance upon the mother, immediately after the birth of the child, to report its birth to the Commissioner of Health, or to the office of a physician or practitioner of midwifery, and within the period above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....
 2. Race or Color, (if not of the white race).....
 3. Date of Birth,..... September 18th 1894.
 4. Place of Birth, (Street and Number)..... 720 N. Carrollton St.,
 5. Full Name of Mother,..... Lydia Worth.
 6. Mother's Maiden Name,..... Lydia Rose.
 7. Mother's Birthplace,..... Baltimore, Md.
 8. Full Name of Father,..... Masad F. Worth.
 9. Father's Occupation,..... Employed of Electric Machine Co.
 10. Father's Birthplace,..... Oxford, Ohio.
- Name of Medical Attendant, or other person who makes this Return,..... John J. Sprague, M.D.
- Address,..... 632 W. Lexington St.
- Remarks,.....

18940005210

RETURN OF A BIRTH. 59441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2

1. Sex. (state whether male or female) - Female

2. Race or Color, (if not of the white race) White

3. Date of Birth: 18 September 1899

4. Place of Birth, (Street and Number) 304 N. Halvert St.

5. Full Name of Mother, Catherine Lovvild

6. Mother's Maiden Name, Katharin Geiser

7. Mother's Birthplace, Bathineer, N. D.

8. Full Name of Father, Gabriel Trappala

9. *Father's Occupation.*

10. *Father's Birthplace.* *Germany*

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 G. Washington St

Remarks, .

8 9 4 0 0 0 5 2 1

RETURN OF A BIRTH.

59442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth.

Sept-18-1894

4. Place of Birth, (Street and Number)

2026 Orleans st

5. Full Name of Mother,

Anna Ditz

6. Mother's Maiden Name,

" Meyer

7. Mother's Birthplace,

City

8. Full Name of Father,

Albert Ditz

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

W. E. Dausch

Address,

1729 E. Baltimore st

Remarks,

18940005212

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date of its delivery, and the name of the practitioner in the form of a certificate between the first and third day of each month, and the name of the physician or practitioner of midwifery, or should no other attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such name to report its birth to the Commissioner of Health, in the manner and within the period above required, and any failure to do so shall be deemed an offence, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Sept 15th 94*
 4. Place of Birth, (Street and Number) *1506 N. Bayview St.*
 5. Full Name of Mother, *Annice C. Mellin*
 6. Mother's Maiden Name, *Hagroot*
 7. Mother's Birthplace, *Bama*
 8. Full Name of Father, *Harry C. Mellin*
 9. Father's Occupation, *Shoe Maker*
 10. Father's Birthplace, *Lyonsburg*
 Name of Medical Attendant, or other person who makes this Return, *S. H. Slesher M. D.*
 Address, *1501 N. Bayview St.*
 Remarks, *18940005213*

It is the duty of the Registrar to ascertain the full name of each child (if any) shall have been conferred) its sex, color, the full name and occupation of the father, and the full name and occupation of the mother, in the form of a certificate between the first and said schedule shall be delivered, with to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, it will become the duty of the Registrar to ascertain the full name of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. *Race or Color, (if not of the white race)*—3. *Date of Birth.*4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

3. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 5 2 1 4

month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, the practitioner shall be held responsible for the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59445-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 18, 1894.*
4. Place of Birth, (Street and Number) *846 Frederick Ave Ext.*
5. Full Name of Mother, *Catherine K. Spriggs*
6. Mother's Maiden Name, *Catherine T. Engel*
7. Mother's Birthplace, *Balto Co. Md.*
8. Full Name of Father, *William A. Spriggs*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Richmond Va.*
- Name of Medical Attendant, or other person who makes this Return, *J. B. Madison M.D.*
- Address, *952 Frederick Ave Ext.*
- Remarks, _____

18940005215

RETURN OF A BIRTH 59446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 2 1 6

been conferred its seal, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be personally signed by the practitioner in the form of a certificate the birth of any child shall occur within each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the birth of such child, the practitioner shall sign the certificate, and the same shall occur without the attendance of the Commissioner thereafter. It shall be the duty of the person or persons, and shall be the duty of the Commissioner of Health, in this matter, to see that the provisions of this section shall be substantially complied with to the satisfaction of the Commissioner of Health. In the making of the certificate, any such person or persons who shall hereinafter be named, shall be liable to be prosecuted to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH 59447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

D. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 2 1 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

3rd

Male

White

14th of September 1902

1902 Wilhelms Str

Kathe Schmale

Kathe Kutz

Germany

Wilhelm Schmale

Maschinenst

Germany

Friederike Kender midwife

2116 West Pratt Str

1 8 9 4 0 0 0 5 2 1 8

When a child is born, the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of the mother, the date and place of birth, and the date of the birth, shall be reported to the Registrar of Vital Statistics, in the form of a certificate between the first and third day of each and every month, by the mother, or by the father, or by the physician or practitioner of medicine, or by the midwife, or by the nurse, or by the person or persons, or by the child, or by the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this act, shall be liable to a fine of not less than five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

When a child is born, as far as the same can be ascertained, the full name of each child, its sex, shall have been conferred, its sex, its full name and occupation of its parents, the date and place of birth, and the date and place of delivery, shall be recorded in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or persons who attend the mother, immediately thereafter it shall become the duty of the person or persons attending the mother to report to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be liable to the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 18 1894
4. Place of Birth, (Street and Number) 1137 E. Lombard St.
5. Full Name of Mother, Stella E. Polare
6. Mother's Maiden Name, Stella K. Polare
7. Mother's Birthplace, Russia
8. Full Name of Father, Solomon E. Polare
9. Father's Occupation, Carver
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. W. J. C. Dulany

Address, 1115 E. Lombard St.

Remarks, 59449

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents of such child shall cause a birth record to be made and filed in the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Sept. 18, 1894*

4. Place of Birth, (Street and Number) *127 S. High St*

5. Full Name of Mother, *Rosa Liptziz*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Maxes Liptziz*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other person who makes this Return, *Mrs C. Bernstein*

Address, *122 S. Eyster St*

Remarks, _____

1 8 9 4 0 0 0 5 2 2 1

RETURN OF A BIRTH 59452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 18, 1894
4. Place of Birth, (Street and Number) 1629 Barnes St
5. Full Name of Mother, Teresia Schlif
6. Mother's Maiden Name, Chaler
7. Mother's Birthplace, Bohemia
8. Full Name of Father, James Schlif
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other person who makes this Return, Josephine Conrad
- Address, 1621 Barnes St
- Remarks,

18940005222

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parent, the date and place of his birth, and the date of his death, if he shall die within the year, and the date of his burial, and the date of his interment, and shall file a copy of this return with the Office of the Registrar of Vital Statistics, Board of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and may each person or persons who shall hereafter be so required, be liable to a fine of ten dollars, and to be imprisoned for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name and occupation of the mother; the date and place of birth; and the sex, color, race, and date of birth of the child; and the date and place of birth of the mother. In case the birth of a child shall occur within the month of the year, the date and place of birth of the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 September 1894

4. Place of Birth, (Street and Number) 1028 Franklin ave

5. Full Name of Mother, Mrs. Hilger

6. Mother's Maiden Name, Anne Prager

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Hilger

9. Father's Occupation, mill star

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, George Prager

Address, 1000 Diamond st

Remarks, 1 6 9 4 0 0 0 5 2 2 3

RETURN OF A BIRTH 59434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

September 19 1894

4. Place of Birth, (Street and Number)

2011 Kiser Str

5. Full Name of Mother,

Anna Kridle

6. *Mother's Maiden Name,*

Swob

7. *Mother's Birthplace.*

Baltimore Md

8. *Full Name of Father,*

Joseph Striddle

9. *Father's Occupation.*

Tailor

10. *Father's Birthplace.*

Germina

Name of Medical Attendant, or other person who makes this Return.

Frederick Conrad

Address,

1621 Barnes st

Remarks.

1 8 9 4 0 0 0 5 2 2 4

[illegible]

RETURN OF A BIRTH. 59453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Vernon Derr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 19-1894

4. Place of Birth, (Street and Number) 917 N. Ann St

5. Full Name of Mother, Rebecca A. Derr (Derr)

6. Mother's Maiden Name, " " Greenly

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Vernon E. Derr (Derr)

9. Father's Occupation, Paper-Hanger

10. Father's Birthplace, Leitch, Mo

Name of Medical Attendant, or other person who makes this Return, Geo. L. Taylor M.D.

Address, 1254 N. Broadway

Remarks,

8940005225

Each certificate shall be filled out by the parent or guardian of the child, or by the physician or practitioner of medicine, or by the midwife, or by the person or persons who shall be required, and who shall be responsible for the correctness of the information furnished, and who shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, after which, as far as the same can be ascertained, the full name of each child, if any shall have been born, and the date and place of birth, and the name of the person or persons who shall be the legal guardian of the child, shall be filed in the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the practitioner shall become the duty of the person or persons of such person or persons who shall be the legal guardian of the child, to file in the said schedule, on or before the third day of each and every month, a certificate, in the form of a certificate, signed by the practitioner, and in any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-29-59
RETURN-OF A BIRTH. 59456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Werner Jacob ~~Neukomm~~ Neukomm

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 19th 1894
4. Place of Birth, (Street and Number) 869 Greenmount Ave.
5. Full Name of Mother, Lizzie Neukomm
6. Mother's Maiden Name, Lizzie Starn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. O. Neukomm
9. Father's Occupation, Machinist
10. Father's Birthplace, St. Gallen Switzerland
- Name of Medical Attendant, or other person who makes this Return, Annie O'Brien
- Address, 869 Greenmount Ave.
- Remarks, _____

1 8 9 4 0 0 0 5 2 2 6

any person who shall set forth as far as the same can be ascertained, the full name of each child, of any, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or person in whose household the birth occurs, shall be liable to report its birth to the Commissioner of Health, in the manner and within the period or periods prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 19 1914

4. Place of Birth, (Street and Number)

865 Hallius St.

5. Full Name of Mother,

Mary Gunther

6. Mother's Maiden Name,

Fitchett

7. Mother's Birthplace,

Balto

8. Full Name of Father,

J. A. Gunther

9. Father's Occupation,

Letter Carrier

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

L. H. H. H. H. H.

Address,

Remarks,

8 9 4 0 0 0 3 2 2 9

over

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Secnot Lib

Half

34-15

19th of September 1894

number) *1/2 L. H. Moore and 18429*

May (Saddie) Hammel

(Daddie) Mary Hurley

... 27. 7. 1891. 1891. 1891.

Thomas Danner

Barren-maker

[Faint handwritten notes at the bottom of the page]

Miss Mary Fanning

7/7 Church St Baltimore Md
Nathanial C. L. ...

8 9 4 0 0 0 5 2 3 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health by a person other than a practitioner, the person so reporting shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1907 Baltimore

4. Place of Birth, (Street and Number)

Baltimore 643 N. Broadway

5. Full Name of Mother,

Mary Anne Long

6. Mother's Maiden Name,

Long

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles G. Guicke

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs B. B. B. B.

Address,

711 N. Broadway

Remarks,

8940005231

month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, the sex, color, and whether the child has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month of a practitioner's absence, he shall secure a certificate of birth, and shall deliver the same to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 19 September 1894
4. Place of Birth, (Street and Number) No 207 Chapel Street.
5. Full Name of Mother, Bertha Huykiss.
6. Mother's Maiden Name, Bertha Treis.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Charles Huykiss.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore.
Name of Medical Attendant, or other person who makes this Return, Mary Kloss.
Address, No 1933 Fairmount St. W.
Remarks,

18940005232

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born), the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth of the first and second child, and the date and place of birth of the third child. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, the practitioner of health shall occur without the attendance of a physician or practitioner of health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *19 September*

4. Place of Birth, (Street and Number) *323 South Dallas*

5. Full Name of Mother, *Lothe Hill*

6. Mother's Maiden Name, *Lottie Skerton*

7. Mother's Birthplace, *Anne Arundell County*

8. Full Name of Father, *Howard Skerton*

9. Father's Occupation, *Labeled*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Elizabeth Monclomey*

Address, *220 E. North Bethel St*

Remarks,

1 8 9 4 0 0 0 5 2 3 3

RETURN OF A BIRTH.

59464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the physician or midwife, or other person, who attended the birth, and the name of the person who attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to do so shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *September 19 1894*

4. Place of Birth, (Street and Number) *Stockton street no 11*

5. Full Name of Mother, *Julia E. Smith*

6. Mother's Maiden Name, *Julia P. Mother*

7. Mother's Birthplace, *Charles Co. Md.*

8. Full Name of Father, *John E. Smith*

9. Father's Occupation, *Working in Bricks*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Caroline Queen*

Address, *1066 Taborge Street*

Remarks,

1 8 9 4 0 0 0 5 2 3 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of the mother, and the date of the birth of the child, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if they shall neglect to do so, they shall be liable and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59465-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

m.

2. Race or Color, (if not of the white race)

w.

3. Date of Birth,

Sep 19 1914

4. Place of Birth, (Street and Number)

1436

Broadway

5. Full Name of Mother,

Sabila Melchior

6. Mother's Maiden Name,

"

Hartig

7. Mother's Birthplace,

Delaware

8. Full Name of Father,

Geo W. Melchior

9. Father's Occupation,

Life Insurance

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Wm J. Watson

Address,

1519 N. Broadway

Remarks,

1 8 9 4 0 0 0 5 2 3 5

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance, the birth shall be reported to the office of the Commissioner of Health by the mother or parent of such child or by any other person or persons who shall hereafter fail to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 59466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Lambert Hanley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 19th Franklin Street 94

4. Place of Birth, (Street and Number) 1022 W Franklin Street

5. Full Name of Mother, Katie F Hanley

6. Mother's Maiden Name, Katie F Saulter

7. Mother's Birthplace, Baltimore County Md

8. Full Name of Father, Daniel Thomas Hanley

9. Father's Occupation, Furniture Dealer

10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, P. S. Gidd M.D.

Address, 642 N Fulton Ave

Remarks, _____

1 8 9 4 0 0 0 5 2 3 6

RETURN OF A BIRTH. 59467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 18 1884

4. Place of Birth, (Street and Number) Monticello Ave and Jefferson St - Annex

5. Full Name of Mother, Florence Thomson

6. Mother's Maiden Name, Lewis

7. Mother's Birthplace, Ind

8. Full Name of Father, Fredric Thomson

9. Father's Occupation, Fire Smith

10. Father's Birthplace, Ind

Name of Medical Attendant, or other person who makes this Return, Henry Whitlock M.D.

Address, 237 South Ave

Remarks, 1 8 9 4 0 0 5 2 3 7

and shall set forth as far as the name can be ascertained the full name of each child; if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed and attested, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and to the effect provided in this section, and any such person or persons who shall fail to do so shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *19th September, 1884.*

4. Place of Birth, (Street and Number) *1521 Myrtle Avenue.*

5. Full Name of Mother, *Margaret Hunter.*

6. Mother's Maiden Name, *Margaret Horner.*

7. Mother's Birthplace, *Bonera, County Derry, Ireland.*

8. Full Name of Father, *John Hunter.*

9. Father's Occupation, *Physician.*

10. Father's Birthplace, *Claguan, County Derry, Ireland.*

Name of Medical Attendant, or other person who makes this Return, *John Hunter, M.D.,*

Address, *1521 Myrtle Avenue, Baltimore.*

Remarks, *The full name of child is:—
Catherine 4th & 5th Hunter.*

RETURN OF A BIRTH. 59470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother...

6. Mother's Maiden Name...

7. Mother's Birthplace...

8. Full Name of Father...

9. Father's Occupation...

10. Father's Birthplace...

Name of Medical Attendant, or other person who makes this Return.

Address...

Remarks...

1 8 9 4 0 0 0 5 2 4 0

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter provided, to the Registrar of Births and Deaths, on the third day of each and every month to the office of the Registrar of Births and Deaths, in Baltimore City, and the practitioner shall be held responsible to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)-

2. Race or Color. (if not of the white race)

4. Place of Birth, (Street and Number)

6. *Mother's Maiden Name,*

8. *Full Name of Father,*

10. *Father's Birthplace.*

Address.

ed to 10

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female). Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 19th 1894

4. Place of Birth, (Street and Number) 224 Graham St.

5. Full Name of Mother, Jara Johns

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Germier

8. Full Name of Father, George Johns

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germier

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, 205 N. Washington St.

Remarks, _____

8940005242

Health. The attending physician shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been received), sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. The physician shall also contain a list of the births which have occurred during the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, and within the period above required, and any such person who fails to comply with this requirement shall be liable to a fine of ten dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 19th 1895*
4. Place of Birth, (Street and Number) *29 East 20th St.*
5. Full Name of Mother, *Elizabeth Gross*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Gross*
9. Father's Occupation, *Equities*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mary Kaptis*
- Address, *205 N Washington St*
- Remarks, _____

18940005243

RETURN OF A BIRTH. 59474

GIVEN NAME ADDED, 7/9/04

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lena Benisch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1894 19 of September

4. Place of Birth, (Street and Number) Prattone 1561

5. Full Name of Mother, Augusta Benisch

6. Mother's Maiden Name, Augusta Hoffmann

7. Mother's Birthplace, German

8. Full Name of Father, Gustav Benisch

9. Father's Occupation, Shallen Kipper

10. Father's Birthplace, German

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. Henry J. Shockey

Remarks, 731 South Calvert St.

18940005244

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or parents thereof, it shall become the duty of such parent or parents to procure a certificate from the Commissioner of Health, in the manner and within the period above required, and in case of refusal to do so, the parent or parents shall be liable to the Commissioner of Health for a fine of not less than ten nor more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

IV
Male

1. Sex, (state whether male or female)

Black

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 19, 1894

4. Place of Birth, (Street and Number)

749 Calvary St
Baltimore

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who made this Return.

Harry N. Arthur M.D.

Address, 622 W. Lombard St

Dr. B. S. Phelps

Remarks,

8940005246

RETURN OF A BIRTH. 59477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 19, 94*

4. Place of Birth, (Street and Number) *1926 W. Baltimore St.*

5. Full Name of Mother, *Lysie Thyer*

6. Mother's Maiden Name, *Prue*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Wm Thyer*

9. Father's Occupation, _____

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, *E. C. Peterson, D.*
or other person who makes this Return.

Address, *1053 N. Broadway*

Remarks, _____

8 9 4 0 0 0 5 2 4 7

person, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name of its mother, and the name of the practitioner in the form of a certificate bearing the date of birth, and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in accordance with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940005249

RETURN OF A BIRTH. 59480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 20 94

4. Place of Birth, (Street and Number) 1612 Hopkins Ave

5. Full Name of Mother, Lottie Schenck

6. Mother's Maiden Name, Lottie Cole

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schenck

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Daniel V Moyer M.D.

Address, 1200 N. Enoch St

Remarks,

18940005250

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the certificate, and shall be filed in the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or if the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date of its birth, and the date when it was first reported to the office of the Commissioner of Health. In case the birth of any child shall occur within the month to the office of the Commissioner of Health, it shall be the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Apr 20 - 94

4. Place of Birth, (Street and Number)

825 N. Ann St

5. Full Name of Mother,

Edith J. Little

6. Mother's Maiden Name,

" " Cropper

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm G. Little

9. Father's Occupation

Baker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

1438 N. Bond St

Remarks,

18940005251

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or midwife, or in case the child should be born to any person be in attendance, the practitioner or midwife, or other person, shall become the duty of the practitioner or midwife, or other person, to report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 20 1894

4. Place of Birth, (Street and Number)

1313 N. Bond St.

5. Full Name of Mother,

Emma Curtis

6. Mother's Maiden Name,

Chesnut

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James Curtis

9. Father's Occupation

Installation Dealer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Geo. L. Taylor M.D.

Address,

1254 N. Broadway

Remarks,

8940005253

RETURN OF A BIRTH. 594 84

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Lee Denny

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep 20 1894

4. Place of Birth, (Street and Number) 1340 Andrew St

5. Full Name of Mother, Euphemia Henry

6. Mother's Maiden Name, Euphemia Hunt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Henry

9. Father's Occupation, Grocer

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, M. R. Parker

Address, 213 E. Beatty St

Remarks, Hoing Well

1 8 9 4 0 0 5 2 5 4